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GUIDES FOR DEVELOPING CURRICULA FOR THE EDUCATION OF PRACTICAL NURSES.
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THE RELATIVELY UNCHANGING FACTORS UNDERLYING NURSING AND ITS PRACTICE ARE PRESENTED AND APPLIED IN THE DEVELOPMENT OF CURRICULUMS FOR THE EDUCATION OF PRACTICAL NURSES. THE GUIDE FOR DEVELOPING CURRICULUMS WAS PREPARED BY A REGISTERED NURSE IN COOPERATION WITH SEVERAL GROUPS AND MANY INDIVIDUALS, INCLUDING TWO PROGRAM SPECIALISTS OF THE PRACTICAL NURSE EDUCATION SECTION OF THE U.S. OFFICE OF EDUCATION AND THE NATIONAL ADVISORY COMMITTEE ON PRACTICAL NURSE EDUCATION. SOME OF THE TOPICS ARE -- (1) THE ART OF NURSING, (2) THE ROLES OF THE PRACTICAL NURSE IN NURSING PATIENTS, (3) GENERAL CHARACTERISTICS OF EDUCATION FOR NURSING PRACTICE, (4) ELEMENTS OF NURSING THAT CONDITION NURSING EDUCATION, (5) QUALIFICATIONS OF THOSE WHO DESIRE TO BECOME PRACTICAL NURSES, (6) GUIDING AND TEACHING STUDENT PRACTICAL NURSES, (7) NURSING SITUATIONS, (8) DESIGNING A CURRICULUM, (9) CURRICULA FOR THE EDUCATION OF PRACTICAL NURSES, AND (10) DEVELOPMENT OF THE AREAS OF LEARNING OF THE CURRICULUM. SELECTED READINGS AND ILLUSTRATIONS ARE INCLUDED. THIS DOCUMENT IS AVAILABLE AS GPO NUMBER FS 5.285--85004 FOR 60 CENTS FROM SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D.C. 20402. (PS)

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GUIDES for Developing Curricula for the Education of Practical Nurses

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Foreword

THIS PUBLICATION is designed to help meet the needs of persons who are interested in the education of practical nurses. The intent of the publication is to present concepts about the relatively unchanging factors underlying nursing and its practice and then to show application of these factors in the development of curricula for the education of practical nurses.

The Office of Education, Division of Vocational Education, issued in 1947 a bulletin (Misc. No. 8), *Practical Nursing, An Analysis of the Practical Nurse Occupation with Suggestions for the Organization of Training Programs.* It was followed in 1950 by another (Misc. No. 11), *Practical Nursing Curriculum, Suggestions for Developing a Program of Instruction Based Upon the Analysis of the Practical Nurse Occupation* (Misc. No. 8, 1947). Both of these publications are now out of print. Since these were issued, there have been many changes in nursing as well as in the role of the practical nurse.

The planning and preparation of this publication was started soon after the enactment of Public Law 911, 84th Congress, Title III of which authorizes the appropriation of funds for the extension and improvement of practical nurse education. Acknowledgment is hereby given to the several groups and many individuals who made constructive suggestions for the publication, including the National Advisory Committee on Practical Nurse Education. A list is included on pages 152-54.

The guides were developed and the manuscript was prepared by Dorothea E. Orem, R.N., when employed as a consultant for that purpose. In this endeavor, she worked cooperatively with the two program specialists of the Practical Nurse Education Section, Barbara R. Fallon, R.N., and Helen K. Powers, R.N. The publication was prepared under the direction of Mrs. Vera P. Hansel, R.N., Chief of the Practical Nurse Education Section, and John P. Walsh, Director of the Trade and Industrial Education Branch.

JAMES H. PEARSON
Assistant Commissioner
for Vocational Education.

Preface

The preparation and the publication of these guides for developing curricula was prompted by the expressed needs of persons responsible for the education of practical nurses. Each reader will readily see that these materials are guides for developing curricula. Each reader should consider the ideas set forth in the guides as suggestions for consideration and for subsequent application when an idea is deemed worthy of a practical trial. The application of these ideas should contribute to the maintenance of the integrity of nursing and its practice, and to the well-being of practical nurses as individuals and as members of one occupational group in nursing practice.

The guides are based on two assumptions: Education of practical nurses necessarily gives a foundation for understanding nursing and its practice; education of practical nurses is directly preparatory for the practice of nursing within a limited range of types of nursing situations. Nursing arises from needs of people and from the discovery and application of measures equal to the satisfaction of these needs.

Mrs. Vera P. Hansel, R.N., *Chief,*
Practical Nurse Education Section

Chapter 1

The Curriculum and Education

A CURRICULUM is a pattern or blueprint for education. It is a detailed plan used to help selected persons become "something" which they are not, but which they can and desire to be. Education does not proceed without special, directed effort on the part of the person who desires the education. Nor does education proceed without help from other persons. A curriculum details how this help can be given most effectively.

Education proceeds as a student learns. Learning is a function by which a person becomes aware of new facts and develops ideas, understands the relationships of these facts and ideas to what is already known and understood, and finally becomes able to talk about and then use related bodies of facts and related concepts. What is learned is of practical value when the student is able to use facts and concepts to guide personal behavior, to do things for and with people, and to apply facts and concepts while using specific materials and equipment to make or to do specific things. The teacher is a leader, a guide, a demonstrator, and assistant to the one who learns. A curriculum is a guide to the student in learning and to the teacher in teaching.

An effective curriculum sets forth explicitly the areas of learning and defines the extent and depth of educational achievement within each area. This constitutes a definition of the breadth and depth of the education students will pursue. Breadth of education refers to the total number of specific areas of learning and to the extent of the learning in terms of specific facts, categories of concepts and abilities within each specific area. Depth of education refers to the degree of scientific complexity of the facts, concepts, and abilities, and to the psychological complexity of the changes necessary before a person can apply what has been learned in a practical situation.

Defining the breadth and depth of education of the practical nurse is fundamental to curriculum development. The range of practice of the practical nurse differs from the range of practice of other practitioners and workers in nursing. Delimiting the range of practice of the practical nurse is a complex matter, not readily solved except by arbitrary methods. The guides presented in these pages give major attention to this matter. Other matters are treated in less detail with emphasis on the underlying and relatively stable aspects of each.

The following concepts about nursing served as points of departure in the development of these guides:

1. Nursing is for persons who need direct, continuing assistance in self-care because of a health situation; requirements for assistance may relate to needs common to all people regardless of health state as well as to needs which exist only because of present state of health.
2. Nursing is practiced for individual persons within a definable situation under fixed and changing conditions of action.
3. Nursing in each situation of practice is made specific by the general constitutional state of the patient, by the patient's impaired functions both physical and mental, and by the impairments of the tissues of the patient.
4. The technologies of nursing practice and the patient's ability to participate and cooperate in the nursing received are affected by the patient's state of consciousness, physical constitutional state of the patient, and by age, culture, and behavior of the patient.
5. Nursing is an art whose practice at any given time is limited by its known scientific foundation, by the education of its practitioners as well as by their range of expertness in nursing practice.
6. Workers in nursing practice as in the practice of any art may be classified in accord with their scientific background for practice, and by their expertness in practice within specific types of situations at a given time.

These six concepts served as a basis for investigating four problems for which solutions were needed to make judgments about the scope and depth of the education of practical nurses. These are the problems:

1. Is there a fundamental and relatively unchanging basis for differentiating the range of nursing practice of a practical nurse from the range of practice of other nurses?
2. What are the technologies common to nursing practice?
3. Can situations of nursing practice be described and classified to make explicit the desirable outcomes of nursing practice inherent in each type of situation of practice?
4. Can situations of nursing practice be described and classified to make explicit the breadth and depth of education necessary for nurses to function effectively in each type of situation?

Knowledge of nursing and its practice, facts about prevailing conditions in nursing education, as well as understanding the function of learning and the process of education, served as the background data for investigation of the problems. The results of these investigations are not stated in the guides in problem-solution form; rather the results pervade all the materials presented.

Chapter 2

The Practical Nurse

THE PRACTICAL NURSE occupies a recognized but ill-defined position in nursing practice. The need for practical nurses and the limitations of their education are recognized. How the practical nurse can best function in nursing practice is still a point of issue. The situation is complicated by the fact that practical nurses are not infrequently asked and expected to assume nursing responsibilities beyond their present nursing abilities or even their capacities. The status of practical nurses in nursing is further complicated by the fact that persons, who through experience and isolated instruction have learned to perform some common nursing measures, are employed on this basis to nurse patients; and some are licensed by the various States as practical nurses. Today the term *trained practical nurse* is used to differentiate persons with basic vocational education for nursing and eligible for licensure from persons who are licensed on the basis of experience only. The trained practical nurse is more properly referred to as a nurse with basic vocational preparation for nursing. As used in this publication, the term practical nurse means the trained practical nurse with basic vocational preparation for nursing.

The Art of Nursing

Nursing is a highly developed art; its practice is widespread in many localities. Nursing is still developing and growing. When conditions of continuing development and growth prevail in the practice of an art, members of its occupational groups begin to feel a need to identify their present and probable future roles. To do this, it becomes necessary to make clear the characteristics of the art itself.

Arts which result in the making of things are not too difficult to define, at least to the satisfaction of most workers in these arts. Arts like nursing, which are directed to individual persons to accomplish a wide range of results, are less readily defined. Current administrative practices in supplying people with the assistance derived from the practice of nursing often tend to obscure the basic character of the art.

Arts pass through many stages of development. At a given period in a particular locality, an art may be practiced in its primitive state, in many of its developmental stages, as well as its high point of development. This is presently true of nursing as practiced in our country. Arts have their origin in the unmet needs and desires of people. They take on their primitive form when some seeing, inventive, and willing person, recognizing an existent need in himself or in another, devises a practical way to meet it. Arts develop as the basic characteristics of man's need for the practice of the art are made more and more explicit by scientific analysis, and as facts and facets of facts underlying the practice of the art are discovered and in turn applied. New developments in an art may necessitate modification or elimination of present measures of practice, or they may necessitate the development of new measures of practice.

An art grows as its practice serves more and more people. The growth of an art always necessitates an increase in the number of people who work within the field of practice of an art. It may also necessitate the introduction of new types of workers.

Nursing is practiced in its primitive form whenever one person helps another to meet daily needs for personal care when the person assisted can no longer care for himself because of some physical or mental incapacity. The initial and continuing development of nursing and the continued spread of nursing practice rests on the inabilities of people to care for themselves at times when they need assistance because of their state of personal health. Assistance as used here means assistance in the activities of daily living which is special, and not in the common pattern of the life of the individual. For example, many adults have their meals prepared for them by other persons, but only when there is personal incapacity does an adult need to be fed by another.

Nursing is perhaps best described as the giving of direct assistance to a person, as required, because of the person's specific inabilities in self-care resulting from a situation of personal health. Care as required may be continuous or periodic. Self-care means the care which all persons require each day. It is the personal care which adults give to themselves, including attention to ordinary health requirements, and the following of the medical directives of their physicians. Nursing may be required by persons in any age group, but it is the situation of health and not the dependencies arising from age which initiates requirements for nursing. Requirements for nursing are modified and eventually eliminated when there is progressive favorable change in the state of health of the individual, or when he learns to be self-directing in daily self-care.

Self-care is a part of daily living, and daily living is a complexity. People differ in their manner of living and in their specific habits and practices. Age, physical and intellectual abilities, emotionality, interests, occupation, religious and social beliefs, and state of health cause specific differences in the way people live. Family status, family and community responsibilities, as well as customs and traditions relative to personal and family life, also cause differences.

All persons in situations of ill-health require medical care. They may or may not require nursing. The requirement for nursing arises when the person cannot care for himself each day and follow the medical directives of the physician. Too, persons in states of apparent health may have requirements for nursing when they seek a determination of their health status from their physician. In these instances, nursing is directed to assisting the person to participate in the health examination and to proceed with any preventive measures prescribed by the physician. Nurses, by virtue of their education, may assist the physician in helping persons come to understand health requirements of people at various ages, and in various circumstances of life. All persons prepared in nursing are able to help individuals to understand and practice proven measures conducive to health. Although an integral part of nursing practice, this type of assistance is not specific to nursing, since it is given by well-prepared persons in many of the health occupations.

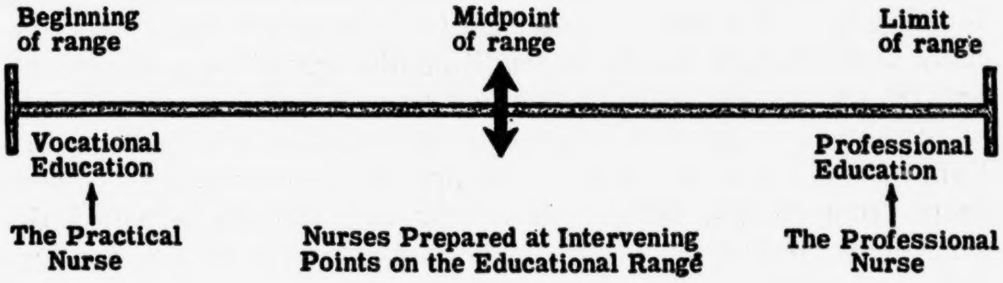
The Practical Nurse in the Occupation of Nursing

The practical nurse is a nurse with vocational education for nursing prepared to practice the art of nursing within a limited range of types of situations where patients require nursing. Nurses are necessarily distinguished from other workers presently employed in assisting people in self-care. The nurse aide, the nursing technician, and the patient attendant are examples of such workers. These workers are not prepared to practice nursing. Their assisting activities are often confined to routines, or their efforts commonly directed to caring for patients in a specific age group, or for patients with specific types of disability.

Nurses on the other hand are prepared to nurse patients from any age group, male or female, and to assist persons in all aspects of personal self-care when such assistance is needed because of a situation of personal health. All nurses are prepared to assist persons in self-care within a range of types of health situations. A nurse's education for nursing practice determines and limits what a nurse can personally do in determining the nursing requirements of patients and in meeting these requirements. A nurse's education for nursing practice also defines and places specific limitations on the range of types of nursing situations where she is able to nurse effectively.

Education for nursing practice extends from education at the vocational level to education at the professional level. (See illustration below.) Nurses prepared for nursing through vocational education are known as practical nurses; those prepared at any other level are frequently referred to as professional nurses, although their education is sometimes closer to the level of vocational education than to that of professional education.

RANGE OF EDUCATION FOR NURSING PRACTICE


Beginning of range
Midpoint of range
Limit of range
Vocational Education
Professional Education
The Practical Nurse
Nurses Prepared at Intervening Points on the Educational Range
The Professional Nurse

A person prepared to understand the full scope and depth of nursing and its practice as presently developed has a professional background for nursing practice. At any given time, a person with a professional background for nursing practice may have developed expertness in nursing patients within a limited range of types of nursing situations, since nursing situations are as numerous as people. However, a professional background for nursing permits the extension of a nurse's range of expertness to any desired segment of nursing practice. A nurse with education for nursing at the professional level should have a high degree of self-direction in nursing situations; she should also be able to keep abreast of developments in nursing and in related fields. This is in contrast to the practical nurse whose range of practice and self-directing ability in nursing is necessarily limited by the short duration of the basic education for nursing practice.

Practical nurses are a distinct occupational group in nursing. The various States have legally defined the role of practical nurses. The educational achievements of the individual practical nurse and her present degree of expertness in nursing patients express what the practical nurse is personally capable of doing within the legal confines of her role. The future role of the individual practical nurse within the legal confines of her role is limited by her potential for acquiring new understanding in nursing and in developing added abilities in nursing practice. What people do in nursing practice at any given time may be in discord with the role set by their education and present degree of expertness in nursing patients.

The practical nurse receives basic preparation for nursing through vocational education usually limited to one year. In this time, a practical nurse can develop a limited scientific background for nursing practice. Nursing abilities are of necessity confined to those which can be effectively learned and applied within types of nursing situations where required nursing judgments can be made by a nurse with a sound but minimal scientific background for nursing. Scientific is used here in the broad sense as meaning facts and concepts from the traditionally organized sciences and arts which constitute the foundation from which the central ideas of nursing and the technologies of its practice are derived. In light of these, specific measures of practice are developed. These facts from related sciences and arts are sometimes called the science of nursing, or perhaps more properly the scientific foundation of nursing.

Nursing has an extremely broad and deep scientific foundation. This is true of many arts which provide personal services to people. It is especially true of arts like nursing—through which a person is helped to effect changes in self and in environment, by having things done for him and with him as necessary and when able, and by helping him learn to do things for himself. The scientific foundation of nursing at any given time is partly known and partly unknown; and what is known may be unapplied or only partly applied. As new facts in the sciences and arts basic to nursing are discovered and applied to nursing practice, new nursing measures will be developed or existing measures eliminated or modified. At the same time, the number of people to be served through nursing practice may increase, and whole new segments of a population may seek the services derived from nursing practice. Practical nurses are always needed in increasingly greater numbers whenever there is a prolonged period with new developments in nursing, accompanied by growth in nursing practice.

Education in the sciences and the arts is not readily attained without special and organized help as in a school or in an educational program within some other type of institution. On occasion, an exceptionally astute individual acquires considerable ability in the practice of some arts through reading and experience. This is the exception. Experience in performing selected nursing measures may lead to the acquisition of specific manual skills. However, such experience does not lead to the understanding which underlies the nursing of patients. Today practical nurses are prepared at different levels of vocational education. These levels prepare the practical nurse for the limited practice of nursing, and none of the levels prepare for self-directed extension of scientific background for nursing or for any major change in the depth of the nurse's range of nursing practice. Educational programs for the preparation of practical nurses, when developed in light of present and future economic demand for nursing and what is educationally possible in one year, provide an essential educational service to a community.

The Roles of the Practical Nurse in Nursing Patients

The roles of the practical nurse are in accord with the scientific complexity of nursing situations. Few nursing situations are free from scientific complexities, but some are freer than others. The nature, the degree, and the rapidity of change in the health state of the patient are the primary determinants of the degree of scientific complexity of the nursing situation. Changes in the health state of the patient affect both the patient's requirements for medical care and his ability to do for himself.

Situations of nursing practice may be classified as relatively free of scientific complexity when the following four conditions prevail at the same time within a situation:

Patient's clinical condition—

1. The clinical state of the patient is relatively stable; change is highly predictable and when expected will probably occur in a matter of days or weeks, not in a matter of seconds, minutes, or even a single day.

Complexity of care measures—

2. The measures of care ordered by and directed by the patient's physician can be mastered by developing abilities based on a relatively fixed and limited body of scientific facts, and can be performed by following a defined procedure step by step; responses of the patient to the measure are well-defined, and can be determined by simple observation or by following a defined procedure step by step.

Modification of care measures—

3. Measures of medical care ordered and directed by the patient's physician and extraordinary and ordinary measures for personal care of the patient are not subject to continuously changing and complex modifications because of the clinical or behavior state of the patient.

Type of instruction required—

4. The nursing which the patient requires is primarily of a physical assistance character and not purely or even primarily instructional.

The practical nurse, in situations relatively free of scientific complexity, nurses the patient under the immediate direction and general supervision of a qualified nurse supervisor and/or the physician with a minimum of on-the-spot supervision. A *qualified nurse supervisor* means a nurse who is expert in the determination and assessment of the nursing requirements of patients within specific types of nursing situations; and likewise expert in the initial and continuous directing of nurses so that they are helped to perform effectively in specific types of nursing situations. This is the first role of the practical nurse in nursing patients. The distinguishing feature of the role is the minimal degree of on-the-spot supervision required by the practical nurse from the nurse supervisor or from the patient's physician.

The second role of the practical nurse is that of *assistant to* a nurse who is qualified and expert in more complex nursing situations, where deep and intricate scientific understandings are necessary to make prudent judgments. In this role, a practical nurse within a given nursing situation meets specific nursing requirements of patients as directed; prepares equipment, supplies, and facilities for the nurse with responsibility for the situation; and helps the nurse assisted as she performs nursing measures. The activities of the practical nurse and the degree of on-the-spot supervision required are subject to change as the health state of the patient changes. As the patient's condition becomes stabilized, the practical nurse may be given increasingly greater responsibility for nursing the patient.

All nursing situations are subject to unexpected and rapid change due to favorable or unfavorable changes in the health state of the patient. When change is unexpected and unfavorable, the practical nurse may be unable to make the nursing judgments required. Practical nurses are necessarily prepared to meet such emergencies and to seek immediate nursing and medical assistance. Practical nurses caring for patients when such change occurs are prepared to cooperate with other nurses and with the patient's physician in taking necessary action. Ideally, the nursing responsibility is assumed by a nurse competent to make the required judgments and to nurse the patient in accord with the patient's nursing requirements. The practical nurse may remain in the situation in the role of assistant to the nurse who takes on responsibility for the situation, or the practical nurse leaves the situation for a new assignment. When a more highly qualified nurse is not available and the practical nurse remains in a situation which exceeds her nursing abilities, the physician of necessity assumes part of the nursing responsibility, and will give detailed instructions to be followed in his absence.

When a practical nurse remains in a highly complex nursing situation because of lack of a nurse who is expert in these situations, the practical nurse often feels intensely the nursing demands of such situations. There may be fear and a tendency to retreat from the specific needs of the patient which tax the ability of the practical nurse, or a desire to do for the patient merely for the sake of doing something. When the practical nurse is working only under the general supervision of a physician, the practical nurse should discuss with the physician the patient's nursing needs that have caused fear and a desire to retreat. If possible, nursing consultation should be secured.

Determining the nursing requirements of patients necessitates a deep and extensive understanding of nursing as well as skill in the objective determination, evaluation, and assessment of nursing requirements of individual patients. These determinations are most effectively made by a professional nurse with a degree of nursing expertness equal to each situation and with the special abilities necessary for determining and analyzing nursing requirements of patients in specific types of situations of nursing practice. The practical nurse is prepared and able to participate in these determinations with nurse supervisors, and with nurses whom the practical nurse assists. In a situation where the practical nurse functions under the sole direction and supervision of a physician, the practical nurse is prepared and able to ask the physician to help in the original and continuing determination and assessment of the nursing requirements of the patient.

The patient's physician has a responsibility for giving directions to the nurse relative to the clinical factors in the patient's health situation which determine, modify, or condition the nursing of the patient. However, the nurse has the responsibility to seek this guidance and direction from the patient's physician. The practical nurse is prepared to comprehend the general character of nursing requirements within a range of types of nursing situations, and is prepared to seek specific guidance as needed from the patient's physician and from the nurse supervisor relative to the scientific factors in the patient's health situation which determine or condition the nursing requirements.

Because of the relationship between the nurse and the patient, the nurse is often in a position to assist the patient's physician when the patient or the physician or both require assistance as the physician gives medical care to the patient. The nurse may assist the physician as he performs a medical measure for a patient, for example, assistance given as the physician dresses a wound postoperatively, or does a lumbar puncture. The nurse may also prepare the equipment, supplies, and the patient for the particular medical measure. Assistance to the physician by a nurse whether at the bedside of the patient, in a clinic, an operating room, or in an emergency room is for the well-being of the patient, but it is also a service to the physician who is performing the medical action. What the nurse does in helping the physician is influenced by the location of the patient, by the medical specialists, and their technical assistants who assist the patient's physician as well as by the specific operational plans of various institutions. Nursing assistance to the physician is an adjunct to nursing practice; it is not in the "main stream" of nursing the patient. However, all nurses, including the practical nurse, are prepared and able to assist physicians in the commonly occurring, but not highly specialized, situations where physicians require direct help as they perform medical measures for patients. Some nurses, the practical nurse included, devote all working time to giving assistance to physicians relative to specific medical measures which they perform for patients, as in hospital operating or emergency rooms.

In the course of development of nursing and in the growth of nursing practice, nurses have come to concentrate their nursing efforts. Some of the most common forms are:

1. Concentration of a nurse's practice according to disease entities of patients and/or according to a particular type of medical therapy which patients receive.
2. Concentration of a nurse's practice according to the locale of patients —patients' homes, hospitals, clinics, nursing homes, homes for the aged, industrial and business organizations, infirmaries in schools and colleges, and doctors' offices.
3. Various combinations of (1) and (2) above.

In hospitals where many patients with a wide variety of illnesses require nursing during the same period of time, concentration of another type has become common. This is confining the work of nurses to specific measures required in the case of the patient. For example, a nurse may devote all working time to the giving of medications to patients, or to giving certain treatments. This is job specialization and not concentration of nursing practice.

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The work of practical nurses is nursing within a limited range of types of nursing situations. Practical nurses also assist nurses who have professional or near professional education for nursing practice within an added range of types of nursing situations. The practical nurse is justified in terms of nursing and economics in two types of situations: (1) Where patients require skilled nursing, but where highly intricate scientific understandings are not required to make nursing judgments, and (2) in situations where nurses with professional or near-professional education can utilize nursing assistance in highly complex nursing situations.

Chapter 3

Education for the Practice of Nursing

THE CHARACTERISTICS OF EDUCATION for the practice of an art are derived from the art itself, the situations where the art is practiced, and the nature of the learning experiences necessary to develop the understanding and the problem solving and practical action abilities essential to the practice of the art. Education for the practice of an art necessarily proceeds to that point where the student of the art is psychologically able to enter into a selected variety of nursing situations, and exercises problem solving and practical actions equal to meeting requirements for the practice of the art.

General Characteristics of Education for Nursing Practice

Nursing is directed to individual persons with inabilities in self-care. People change as they live, and education for nursing practice is necessarily in accord with both the individuality of people and the dynamic nature of the individual and of society. This means that education preparatory for nursing practice enables the nurse to increasingly come to see individuals and situations as they are, and at the same time helps her have a vision of what each person and situation is capable of becoming. The seeing of what is actual and the vision of what is possible in a nursing situation are affected by the nurse's capacity for seeing beyond self. A nurse is of necessity able to recognize in patients the presence of nursing requirements, and is able to put the meeting of these requirements and at times desires of the patient before personal desires, and at times before personal needs. A nurse is called upon to make prudent decisions in light of major and known factors in a nursing situation, including her own personal desires and needs. Such decisions are not possible unless the nurse is honest with self—one who can look into and come to understand the motives for action or nonaction, and the reasons for selecting a particular course for action, and to consider why she feels this way or that way within specific situations. Education for nursing develops the student's capacity for objectivity in regard to self, other persons, and situations of life.

Education for nursing should develop increasing ability within the student—to be honest with other persons, patients, as well as co-workers. This does not mean that the nurse makes imprudent statements or disclosures, but it does mean that she becomes increasingly able to help others see important factors operative in nursing situations. Education for nursing also develops the nurse's capacity for exercising kindness and consideration in all contacts with people. This does not mean that what the nurse says will necessarily soothe or lull a patient or a co-worker into inaction or complacency, but it does mean that the nurse respects the individuality and rights of each person.

Education for nursing is education for practical action and for action in problem solving. Determining and assessing the nursing requirements of patients and identifying ways to meet these nursing requirements require problem solving action. The actual meeting of the nursing requirements of a patient requires practical action. Problem solving action defines the basis for practical action, and of necessity both precede and are concurrent with the practical action equal to fulfillment of the patient's nursing requirements.

Problem solving action encompasses all activities necessary to determine major factors operative in a given nursing situation, to see the relationships between these factors and the relationships of each factor to the nursing situation, and to realize the importance of and the conditioning influence of each.

All persons except those with major defects of mental functioning have a potential for problem solving action. Education for nursing at either the vocational or professional level which neglects the continued development of natural capacities for problem solving action fails in preparing the person to engage in the specialized endeavor of nursing and in preparing the person for continued development in life. Practical action encompasses all activities needed to meet specific nursing requirements possible of accomplishment in accord with available resources. Educational programs directed to the basic preparation of persons for nursing practice which neglect either the problem solving or the practical action aspects of nursing are not preparatory for nursing practice.

Nursing requires a high degree of self-direction on the part of the one who nurses. Self-direction is necessary because each nursing situation demands that nurses (1) recognize when nursing action is required; (2) know their own abilities and limitations in regard to the action needed; (3) are psychologically able and know where to secure assistance when they lack the necessary nursing abilities; (4) are psychologically able to execute the nursing action required; and (5) are able to coordinate individual nursing action with the efforts of other nurses, the patient's physician, the patient's family, and others participating in the care of the patient. Any limited result requiring the coordinated action of more than one person is most effectively and economically accomplished when the individuals are able and are directed to coordinate their own individual efforts under certain established conditions. If the responsibility for coordination of individual efforts is assigned to another person (except at planning level), there will be continuous breakdowns in coordination. Persons engaged in nursing education and in nurse supervision have the responsibility of helping each nurse develop adequate abilities in self-coordination.

Education for nursing practice enables the nurse to help patients understand their requirements for nursing, and how these requirements are best met, including the role of the patient and the roles of other persons. The nurse in fulfilling nursing responsibilities helps patients in such a manner that they gradually become self-directing in self-care.

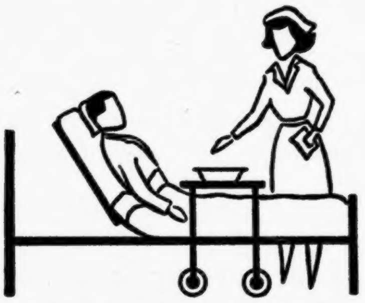
Elements of Nursing That Condition Nursing Education

What nursing is determines what education for nursing should be. Nursing is not bathing a patient, giving medication to a patient by hypodermic injection or by mouth, or giving a cooling drink to a patient. Nursing an individual patient may include all of these, but nursing the patient means that the patient is assisted each day as required by his health situation to meet specific continuing needs for self-care, including participation in the medical care given and prescribed by the physician. Persons prepared and able to perform selected types of measures utilized in nursing patients are not nurses by virtue of this fact.

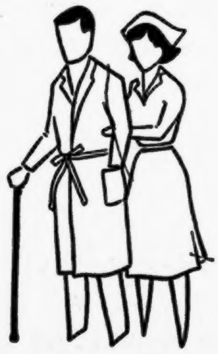
The Assisting Character of Nursing

The assisting character of nursing is expressed in statements made by people who are nursed. "The nurse helped me walk today"; "Mrs. Smith came to do for me"; "the nurse took care of me all night" are examples. Whether the "nursing" was done by a willing, but unknowing neighbor or relative, or by a skilled nurse, such expressions give evidence of the relationship between the one nursing and the one nursed. It is a relationship in which one person acts for another, or helps the other person to act.

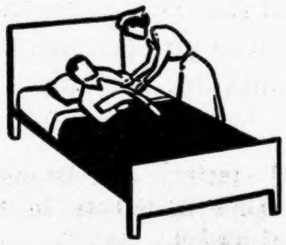
There are four major methods of giving direct, personal assistance to others: Giving directions or instructions to others, doing for others, helping others to do for themselves, and helping others to learn to do for themselves. Nursing utilizes all four, not just one of these technologies. Their use is directly affected by the differences in the understanding of people, by their likes and dislikes, by their habits and past experiences, and by their present



Giving Directions and Instructions



Doing WITH the Patient



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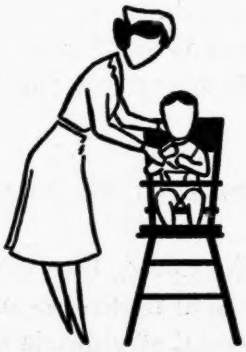


Helping the Patient to Learn to Care for Self

needs and desires. The following four conditions underlie the use of these general methods of assisting others:

1. The person giving assistance must recognize that the need for the assistance arises from the fact that the person assisted must take action within a given situation.
2. Contact and communication in a person-to-person relationship or through the use of various types of directives is required.
3. Except in the event of complete or nearly complete inability of a person to act, the person assisted must agree explicitly or implicitly to being assisted in spite of reluctance, apprehension, or fear; if the person in need of assistance is not able to take such action, someone with the right to assume the responsibility acts for the person.
4. The person who gives assistance should understand that after agreeing to receive assistance a person may submit to what is done, may actively cooperate and participate in what is done, may resist and oppose what is done, or may flee the situation.

The general technologies requisite for nursing practice are used by people in their everyday living and are important to all people. Sometimes they are taken for granted, and it is assumed that no special preparation is needed for their use. Ideally, all persons should be helped to the effective use of these methods of assisting others from the time of childhood; all persons who practice any one of the assisting arts should receive special preparation for the effective use of each of these technologies.

The assisting character of nursing and the general technologies of assisting people are fundamental to nursing practice and hence to education of persons for nursing practice. A person who lacks understanding and ability in the effective use of these general methods of assisting others is not prepared to practice nursing regardless of technical competence in performing specific personal care measures for people.

Standards of Nursing and Nursing Practice

Nursing, like every field of endeavor, has standards, that is, general measures of what the particular endeavor should be. The general standards of nursing and its practice are derived from the essential character of nursing, including the fact that it is an assisting art. There are four general standards:

1. Nursing is direct and continuing assistance to an individual required because of the person's inabilities in self-care resultant from a situation of personal health.
2. Nursing is made specific in each situation of practice by the person, by the person's state of health, and by the medical care received.

3. The duration of the need for nursing in each situation of practice is in accord with the duration of the person's existing incapacities in self-care accompanied by lack of self-directing abilities relative to self-care.
4. The selection of the technologies of nursing of practical value in specific situations is conditioned by the patient's health state and dependency state, by required participation in medical care, by the patient's age, and by the culture of the patient.

Every nurse is able to apply these standards in making judgments about the presence of a need for nursing in an individual, the general character of a patient's nursing requirements, the technologies of nursing having practical value in a specific situation, the continuous or periodic nature of a patient's nursing requirements, as well as judgments about the probable duration of the nursing requirements of a patient. Education for nursing practice enables the nurse to so utilize these standards that results of utilization form the underlying foundation for the expenditure of nursing effort in each situation of nursing practice. The nurse through her education for nursing practice also comes to understand that these general standards, when developed in detailed form, constitute the basis for determining the specific nursing requirements of patients.

Nursing Requirements of Patients

Nursing requirements of people exist because of their incapacites relative to self-care due to a situation of health. Nursing requirements relate to four areas of daily self-care which adults perform for themselves when physically able and when possessed of the requisite understandings and abilities. These areas include the following:

1. Meeting daily requirements for eating and taking fluids in accord with individual needs and health state; care of the skin and its appendages; care of body orifices; care of mouth and teeth; elimination from bladder and bowels; sleep, rest, and diversion; and engaging in physical and intellectual activities.
2. Continuing attention to personal health in the various aspects of daily living through the use of proven measures which bring about and maintain conditions essential for the establishment, maintenance, and improvement of personal health.
3. Attending to personal needs (temporary or permanent) which arise from an extraordinary situation of health and are an integral of self-care; for example, the daily care required by a person with a colostomy, or the continuous control and limitation of personal activities required by a person with impaired cardiac functioning.

4. Following the specific medical orders of the physician directed to the maintenance or improvement of general health state, to determining health state, or to diagnosis and treatment of a specific health deviation, or to prevention and rehabilitation.

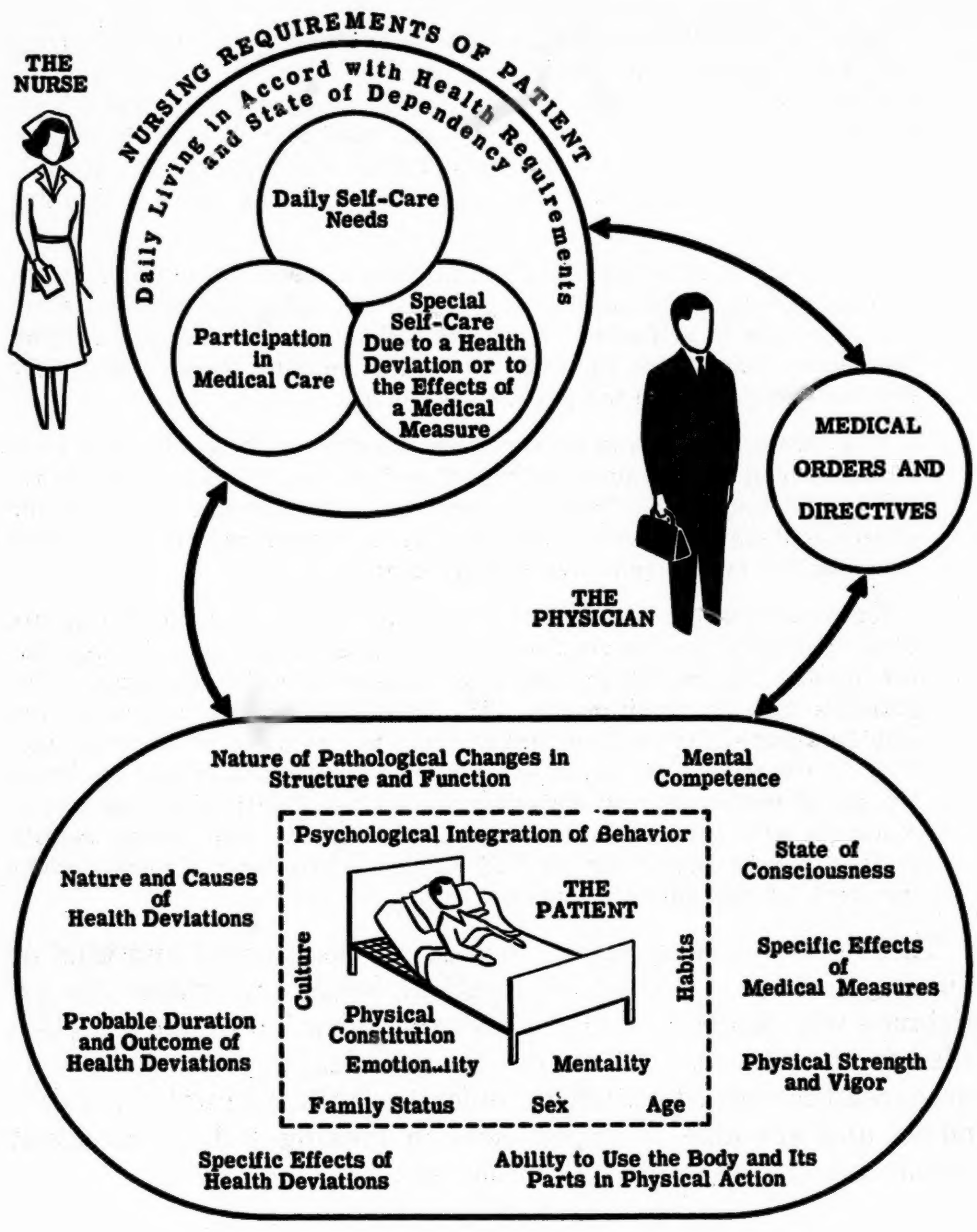
When a person's inabilities in self-care necessitate nursing in any one or all of these areas, the person may need assistance relative to the preparation and serving of food, care of clothing and environment, and at times will require assistance relative to religious practices and social responsibilities. Such assistance is not nursing. However, a patient's nurse will act for the patient in cooperation with the patient's physician and family to secure the assistance needed. When it is necessary because of the patient's environmental situation, the nurse will perform ordinary services in these areas for the patient. The social framework within which a patient is nursed most frequently determines the kind and amount of assistance a nurse gives in these areas.

Education for nursing practice prepares the student of nursing to assist persons in the four areas of self-care described, but always within two frameworks. One framework is formed by the individuality of the patient and the other by the patient's specific situation of personal health. There are at least seven major factors that contribute directly to the formation of these frameworks for nursing action. These are:

1. The specific situation of personal health of the patient, including physical constitutional state; specific impairments of function, physical, or mental; impairments of body tissues, and the patient's state of consciousness.
2. The age of the patient, including state of growth, and development or decline and special health requirements arising from age.
3. The patient's status in the family, including specific health requirements arising from this.
4. The culture of the patient, that is, the patient's beliefs, habits, practices, and interests.
5. The emotional state of the patient.
6. The behavior state of the patient.
7. The physical and social framework within which the patient is nursed.

These factors contributing to the framework for nursing the individual patient give insight to the sciences from which a major part of the scientific foundation for nursing practice is derived. The factors just listed constitute guides for the selection of the scientific facts and the concepts to be taught and learned in any program directed to education for nursing practice. This is illustrated in the chart, *Nursing the Patient: Frameworks for Nursing Action.*

NURSING THE PATIENT: FRAMEWORKS FOR NURSING ACTION


THE NURSE
NURSING REQUIREMENTS OF PATIENT
Daily Living in Accord with Health Requirements and State of Dependency
Daily Self-Care Needs
Participation in Medical Care
Special Self-Care Due to a Health Deviation or to the Effects of a Medical Measure
MEDICAL ORDERS AND DIRECTIVES
THE PHYSICIAN
Nature of Pathological Changes in Structure and Function
Mental Competence
Nature and Causes of Health Deviations
Probable Duration and Outcome of Health Deviations
Specific Effects of Health Deviations
Ability to Use the Body and Its Parts in Physical Action
State of Consciousness
Specific Effects of Medical Measures
Physical Strength and Vigor
Psychological Integration of Behavior
THE PATIENT
Culture
Habits
Physical Constitution
Emotionality
Mentality
Family Status
Sex
Age

Practice Requirements

Practice requirements for nursing the individual patient arise from conditions prevailing within the nursing situation. These requirements relate to the place of nursing, time of nursing, quantitative and qualitative factors related to the patient's needs for assistance in self-care, and the amount of time required to nurse the patient. Each of these practice requirements or conditions of action are described in a general fashion.

THE PLACE OF NURSING PRACTICE is determined by the location of the person who requires nursing, by any physical disabilities which limit the person's mobility or external actions, or by a state of health which requires varying degrees of voluntary and medically directed inactivity. The place requirements for the medical care which the patient receives directly from the physician may also determine the place of nursing action.

THE TIME OF NURSING PRACTICE is when a need for nursing exists. Specific nursing requirements may necessitate either periodic or continous assistance in self-care. When the technology of nursing is helping the patient learn to do for self, the time of nursing should also be the time most expedient to the patient's learning.

THE QUANTITATIVE AND QUALITATIVE ASPECTS OF PRACTICE arise from the number of areas (quantitative) of self-care in which the patient requires assistance; and from the types and the scientific depth of the understandings and the problem solving and practical action abilities (qualitative) necessary to nurse the patient.

GENERAL TIME REQUIREMENTS are derived primarily from the nature of the patient's nursing requirements, the general technologies requisite for nursing the patient, and the continuous or periodic character of the patient's nursing requirements. The time required to nurse a patient may be affected favorably or unfavorably by the place of nursing practice, the expertness of the one who nurses, the availability and readiness for use of equipment and materials needed, the ability of the patient to cooperate and participate in nursing received, as well as by facility or lags in performance on part of persons whose work directly affects the work of the patient's nurses.

These practice requirements determine the amount and kind of nursing assistance needed by a patient, when and where this assistance will be given, and the probable duration of the patient's need for assistance. All nurses, the practical nurse included, are prepared through education to understand these practice requirements and are able to apply them in making judgments about action to be taken in nursing situations.

The Stages of Nursing a Patient

Individual effort to accomplish a result is usually expended in stages. Each specific expenditure of effort builds toward the result desired, and builds upon any part of the desired result already accomplished. All arts have identifiable stages of practice based upon the various specific results which must be brought about before the final results desired from the practice of the art can be accomplished. The stages of nursing practice include the following:

1. The initial determination that a person has requirements for nursing in one or more of the areas of self-care to which nursing assistance is directed; establishing the practice requirements for nursing the patient—place where patient is to be nursed, the continuous or periodic nature of the patient's nursing requirements, the quantitative and qualitative character of the nursing needed, and the general time requirements for nursing the patient.
2. Effecting contact between the person in need of nursing and the number of nurses required—nurses who are qualified, personally able and willing to assume the responsibility for nursing the patient at a particular time and place and for a specific period of the day, and for a particular duration of time which may be the duration of the patient's nursing requirements.
3. Providing the material resources of equipment, supplies, and facilities necessary for use in nursing the patient.
4. The specific and detailed identification and assessment of the nursing requirements of the patient initially and on a continuing basis.
5. Meeting the identified nursing requirements of the patient using facilities, equipment, and supplies as required; this includes continuing cooperative activity not only with the patient but with the patient's physician, the patient's family and others who participate in rendering all the various types of assistance required by the patient because of his health state or age.

A patient's requirements for nursing exist regardless of whether or not they are met or how they are met. The stages of nursing a patient form five groups of activities directed to five different types of results each of which contributes to and is essential for the effective nursing of the individual patient, and for the economical expenditure of the efforts of nurses in the situation. The activities necessary for the specific identification and assessment of the nursing requirements of the patient, and the activities requisite for meeting specific nursing requirements constitute the primary work of nurses. Basic education for nursing practice prepares the nurse for these activities. It also prepares nurses to understand how the work of Stages 2 and 3 is qualified by the present developmental state of nursing, current patterns of nursing education, and the given economic state of the occupation of nursing, as well as by community-wide services for care of the sick and injured. Basic education for nursing practice is primarily focused on Stages 4 and 5, since these stages constitute the actual nursing of the patient.

Economic Characteristics of Nursing

Nursing was developed and continues to exist as an art and as a field of occupational endeavor because people have needs or wants that can be satisfied through its practice. Nursing practice is subject to all the forces that affect any endeavor directed to the satisfaction of human wants.

The work of the nurse is affected by the relationship between the community demand for nursing and the availability of nurses able and willing to participate in the meeting of the demand. Inequalities between demand and supply may affect what the nurse is able to do in nursing the individual patient. Such inequalities also affect the distribution of available nurses. Education for nursing practice leads to an understanding of the economic aspects of nursing practice and enables the nurse to understand and fulfill her role in the prevention of any major imbalance in a community between demand for nursing and available nursing assistance.

Education for nursing practice helps the nurse understand that all endeavor directed to the satisfaction of human wants is necessarily *distributed* to specific persons within a community and must be *financed.* These functions of distribution and financing are of importance in nursing the individual patient. They take on added importance when more than one patient is nursed during the same time period. Decisions about what to do when demand exceeds supply and decisions about the distribution of available nursing assistance among many patients requires both nursing knowledge and knowledge of basic economics. Such decisions, when justly made, are necessarily based on judgments about the importance of nursing to the life and well-being of individual patients and the priority status of each patient's specific nursing requirements. Such decisions also require judgments relative to the economical utilization of available nursing assistance.

Every nurse is prepared through education for nursing to understand both the technological and the economic aspects of distribution of nursing assistance to individual patients. Every nurse should be prepared by basic education for nursing practice to make reasonable judgments about action to be taken when demands for nursing action in specific nursing situations exceed her physical capacity or nursing abilities. The costs involved in nursing an individual patient and in nursing a group of patients during the same time period should be understood by every nurse, as well as the technological and the economic factors that affect these costs. Basic education for nursing practice prepares the nurse to understand and practice her role relative to both the distribution and the financing of nursing as it relates to individuals.

Standards for Education Preparatory for Nursing Practice

Standards for education are of value in the evaluation or redevelopment of existing programs directed to education for nursing practice regardless of educational level or range of nursing practice to which programs are directed. They are valuable guides for the development of new programs. The standards or measures for determining the degree to which education is preparatory for nursing practice are stated here in terms of results attainable from required learnings.

The learning of a curriculum should make possible the following—

1. Increasing knowledge of the individual characteristics of people and of the dynamic nature of the individual and of society.
2. Development of increasing objectivity in seeing individuals and situations as they are, and at the same time coming to understand what individuals and situations of living are capable of becoming.
3. Development of increasing objectivity in regard to self and personal actions, and at the same time coming to understand personal potential for action.
4. Increasing development of abilities in self-direction of personal actions.
5. Development of increasing ability to exercise kindness and consideration in all personal contacts.
6. Development of the ability to help others see existent situations as they are; development of the ability to assist others to become self-directing in regard to personal actions.
7. Development of expertness in utilizing the technologies of assisting other persons in accord with their existent incapacities and their need to act within a situation.
8. Development of an understanding of the standards of nursing practice and the problem solving and practical abilities necessary to utilize these standards in selecting activities required for nursing the individual patients.
9. Development of an understanding of the nursing requirements of people and the general effects of the health situation and the individuality of the patient on the meeting of these requirements.

10. Development of an understanding of the practice requirements for nursing the individual patient as well as the ability to determine how the conditions of place, time, quantitative and qualitative aspects of action and the general time requirements apply in the specific nursing situation.

11. Development of understanding of the essential stages of nursing the individual patient, and development of the problem solving and practical action abilities requisite for the initial determination that a person has a need for nursing, for the identification and assessment of the specific nursing requirements of patients, and for meeting these requirements in specific types of nursing situations.

12. Continuing development of problem solving abilities; specific development of the problem solving abilities required in nursing patients in specific types of nursing situations.

13. Continuing development of practical action abilities; development of the practical action abilities required for nursing patients in specific types of situations of nursing practice.

14. Development of the understanding and the problem solving and practical action abilities required for meeting the economic forces and applying the economic laws which affect the nursing of patients including the distribution and financing of nursing to individuals.

These are the standards which qualify education as preparatory for the practice of nursing. They are the first guide lines to be adhered to in developing curricula for the education of practical nurses.

Chapter 4

Education of Practical Nurses

BASIC EDUCATIONAL PREPARATION for nursing practice may be at the level of vocational or professional education, or at any level between these two educational limits. Regardless of level, education is truly preparatory for nursing practice to the degree that it is in accord with the standards described in chapter 3.

Basic education for nursing which is vocational in nature is presently limited in most programs to a period of 12 months. The possible outcomes for persons enrolled in such programs are limited both by the time duration of the programs and by the degree to which these programs measure up to the standards which qualify education as preparatory for nursing practice. Outcomes are further qualified by the personal qualities and abilities of the individual students, by the selection and organization of learning experiences, and by the guidance and the teaching assistance given to students in the pursuit of the specific learning experiences of the curriculum.

Time as a Limiting Factor

It is the individual student who pursues education for nursing, and the personal qualities and the educational potential of the student that are of fundamental importance. The time duration of a program directed to basic education for nursing practice is of equal importance because nursing extends to many things, and because of the time requirements for psychological changes necessary before a person is able to assist others through the practice of nursing.

Time is basic to all learning, since learning involves change; and there are limits to what can be effectively learned by individuals within a given time period. A person's educational background affects what the individual can achieve within a given time period. The scientific complexity of the matters of learning and the variety of learning also affect achievement in a given period of time. The basic educational experiences of practical nurses relative to nursing are commonly confined to a period of 12 months, and regardless of the educational potential of individual students, this 12-month period limits what can be achieved.

There is a customary pattern for education for nursing practice. This pattern, modified in various ways, is recognizable in the majority of programs preparatory for nursing practice, regardless of the educational level of the program. It is doubtful whether this customary pattern can be economically utilized in the education of practical nurses because of the short duration of their basic education for nursing.

The customary pattern for nursing practice education follows the educational pattern commonly utilized for professional education for the practice of the arts. Such education has two major centers of organization: the arts and sciences which underlie the art and its practice, and the art and the practice of the art within selected types of situations of practice. In the customary pattern, the educational experiences of students of nursing are organized around the sciences and arts basic to nursing, for example, anatomy, nutrition, hygiene, sociology; and around the art of nursing and the nursing of patients in selected types of health situations. At present, students of nursing usually have experiences in the clinical areas of medicine, surgery, psychiatry, pediatrics, and obstetrics.

Because of the limited time allocated for practical nurse education, this education is purely vocational in nature. Vocational education is preparatory for employment in the occupation to which the education is directed; and as the term is used today, education at the purely vocational level is less than college grade. Vocational education is also preparatory for continued development of the individual within the occupation. It is essential therefore that specific attention be given to these facts in developing curricula directed to this type of education for nursing as well as to the 12-month period commonly allocated for this education.

The purely vocational nature of the basic education of practical nurses for nursing and the present time duration of basic preparatory programs set specific requirements for such programs. The following are basic requirements:

1. Since the scientific foundation for nursing practice is broad and deep, it is necessarily learned in application to situations of nursing practice and to the nursing action required within these situations.

2. The facts and concepts from specific sciences which constitute this scientific background are selected because of the need for their use as a basis for nursing action.

3. The situations of nursing practice to which the educational experiences of students can be directed are limited by the applied character of the student's scientific background for nursing practice, since an applied scientific background for the practice of any art is not indefinitely extendible.

4. The educational experiences of students have but one center of organization, the art of nursing and its practice within a limited range of types of situations where patients require nursing.

5. The specific learning experiences of a curriculum directed to the education of practical nurses proceed from what is presently known by the student to what is not known, but directly derived from or related to present knowledge; experiences proceed from those leading to awareness of facts readily observable by people in daily living to those which are known only from scientific investigations.

6. The specific learning experiences of the curriculum are organized into areas of learning, that is, logically integrated systems of facts, concepts, problem solving, and practical action abilities requisite for nursing action.

7. The areas of learning are few in number; factual detail is kept to a minimum and the detailed concepts essential for effective nursing action are presented for learning as they relate to nursing requirements of patients.

8. The areas of learning are developed so that new learnings of the curriculum are built upon presently existing knowledge and abilities; and each area of learning utilizes, or is built upon preceding areas of learning.

9. The areas of learning are arranged so that new and scientifically difficult areas of learning are not presented concurrently or in direct sequence.

10. The specific areas of learning are so developed that there are provisions for the student's learning of new facts and concepts, opportunities for the student to talk about these newly learned facts and concepts, opportunities for the student to use the newly learned facts and concepts in action under continuous supervision, and then opportunities for the student to act alone when the student is ready.

11. The first outcome desired from the pursuit of a curriculum is the ability of the individual nurse to nurse patients within a limited range of types of nursing situations in accord with the applied scientific background for nursing practice, and the ability to function as an assistant to nurses who are competent to nurse patients in situations where the making of nursing judgments requires a broad and deep scientific background for nursing practice.

12. The concomitant outcome of the pursuit of a curriculum is the ability to function as a practical nurse in the occupation of nursing and to attain to expertness in nursing patients within a limited range of nursing situations and in assisting other nurses within a widening range of types of nursing situations.

In developing curricula for the education of practical nurses, these specific requirements for practical nurse education are necessarily added to the already described standards of education for nursing practice.

Qualifications of Those Who Desire To Become Practical Nurses

The first qualification of persons who desire to become practical nurses is the ability to see beyond self and the immediate matters concerned with personal living. Nursing, like all assisting arts, can be practiced effectively only by persons who can see other people, and come to recognize and understand the situations and problems which individuals and families must face and meet in life. Persons who cannot see beyond self and their current personal desires are not able to assist others through the practice of nursing.

The second essential qualification is the ability to perform moderately strenuous but sustained physical activity without doing physical harm to self. A third essential qualification is that degree of emotional stability which permits the person to maintain clearness of mind and prudence in action under conditions of pressure. The fourth, and last, essential qualification is that degree of mental ability which permits awareness and understanding of major factors in situations, not just isolated parts of situations, and for judgment and decision making in the self-direction of personal actions.

The assisting nature of nursing calls for the exercise of these personal qualities and abilities in nursing individual patients and in nursing groups of patients. In their absence, it is questionable whether a person can attain in a 12-month period of basic education for nursing practice that level of personal achievement essential for the nursing of patients.

Psychological Readiness for Vocational Education for Nursing

Because of the short duration of the practical nurse's basic education in nursing, it is essential that the prospective student practical nurse be psychologically ready to learn to nurse patients. Situations of nursing practice are centered around individual patients who have incapacities in self-care. Changes must take place within a student practical nurse before she is personally able to meet the demands of ever-changing situations of nursing action. Psychological changes are complex and not readily identified or understood. Time is always required for psychological change; and the more complex the change the greater the time requirements.

The ability to enter psychologically into a nursing situation means the ability to perform here and now the problem solving and the practical actions requisite to understand and meet the nursing requirements of the patient under existing and changing conditions of action. Nursing a patient always requires a high degree of self-direction on the part of the one who nurses. This is necessary because the nurse must (1) understand the existence of and the nature of requirements for nursing action; (2) know her own abilities and limitations in regard to this action; (3) be personally able to seek and know where to secure assistance; (4) be personally able to execute in the situation the nursing action which she can safely and effectively perform; and (5) have the understanding and the ability to coordinate her efforts in regard to the specific patient with the efforts of other nurses, the patient's physician, the patient's family, and others participating in the care of the patient.

Psychological readiness for pursuing vocational education for nursing includes the possession of the four basic qualifications described above. It also includes the consistent recognition of the rights and responsibilities of other people, and the relatively consistent ability of a person to act objectively and prudently in light of the needs and desires of other persons in situations of daily living. The cultural backgrounds of persons who desire to become nurses will vary. However, psychological readiness for pursuing education for nursing requires that a person's beliefs and practices not interfere with acceptance of persons with a different culture. This means that the nurse is able to see the person as an individual with rights and responsibilities. The qualifications and abilities described constitute psychological readiness for the pursuit of education for nursing practice. This is the foundation for the more complex psychological changes which must take place before the nurse is personally ready to nurse ever-changing patients in ever-changing situations. If the described degree of psychological readiness to learn to nurse patients is not pre-existent in the student practical nurse, it is questionable whether the student can learn to nurse patients in the short span of 12 months.

Prerequisite Action Abilities

Nursing the patient requires both problem solving and practical action based upon a broad scientific foundation. Nursing the patient also requires continued coordination of the efforts of the nurse with the patient, other nurses, the physician, members of the patient's family, and others. It is essential that students who desire to become practical nurses already possess the fundamental abilities which must be continuously exercised in the pursuit of education preparatory for nursing. It would seem that the prospective student should be able to—

1. Read simple scientific material.
2. Understand and execute simple directives for the types of action common in daily living.
3. Ask questions pertinent to a specific matter or situation.
4. Write simple sentences.
5. Describe and narrate verbally and in writing, however simple the language.
6. Observe and record details of a situation involving people.
7. Solve simple problems common to the daily living of people.
8. Hold a simple interview to secure factual information about a specific matter.

When time is allocated for this purpose, it is possible to pursue development of some of these abilities concurrently with education for nursing. When the duration of the basic preparatory program of the practical nurse is 12 months, these abilities are necessarily prerequisites.

Selection of Educational Experiences in Nursing Patients

The specific educational experiences of student practical nurses should be selected and organized in accord with the standards which qualify education as preparatory for nursing and the specific requirements arising from the vocational nature of their education. Specific educational experiences should also be in accord with the existent and future needs of people for nursing and with the resources available for student learning.

The need of a community for the practice of the art of nursing by individuals qualified and able for its practice will continue as long as people are subject to disease and injury and resultant disability. The ability of families to care for a member of the family who is in need of nursing depends upon many factors. The primary factor is the availability of a member or members of the family personally qualified and able to nurse the patient. When patients require skilled nursing or nursing around-the-clock, nursing the patient may be beyond the ability of most families. This is also true when specialized equipment and facilities are needed.

Community services for the care of the sick and the injured include the provision of specialized facilities where physicians give medical care while patients remain in a temporary residence until they are able to return to their own homes. Communities also provide services and facilities where persons with physical and mental disabilities may remain in permanent or prolonged residence. These community facilities necessarily provide for the nursing of patients during their period of residence.

Today the ever-increasing use of hospitals, nursing homes, and homes for the aged poses grave problems relative to nursing assistance to patients in these community health facilities. The education of practical nurses cannot be realistically planned if the potential for their employment is disregarded. The vocationally educated nurse with one year of basic preparation for nursing is qualified and able to meet only some of the existent needs for nursing practice in a community.

It is unrealistic to believe that practical nurses with sound basic education for a limited range of nursing practice can not nurse effectively in the types of situations for which their education prepares them. It is just as unrealistic to believe that the practical nurse can be prepared in one year to nurse patients in situations where deep and extensive scientific knowledge is required to make prudent nursing judgments. The selection of the types of nursing situations to which the educational experiences of the practical nurse are directed is of prime importance in curriculum development for such education. Unless this selection is made in terms of community needs and what is educationally possible in 12 months, an injustice is done to the individual student.

A vocationally educated nurse who remains in one nursing practice situation for a prolonged period can develop through directed learning experiences added expertness in nursing patients within the range of nursing practice permitted by her scientific background for nursing. The vocationally educated nurse can also become increasingly expert in assisting other nurses and by directed learning experiences can widen the range of nursing situations in which she can assist effectively.

At present, it is imperative that community services offering resident care to the sick and injured and institutions and agencies offering educational programs in nursing approach the matter of education for nursing as well as inequalities between supply and demand for nursing service from the problem solving point of view. In selecting the types of nursing situations to which the educational experiences of student practical nurses will be directed, the following questions are necessarily answered:

1. What are the existing community services for the care of the sick, the injured, and for persons with prolonged or permanent physical and mental disabilities?
2. How are these community services distinguished one from another in terms of the nursing requirements of the patients served?
3. How are these community services providing for the meeting of nursing requirements of patients? Are patients nursed? Is patient attendant service provided? Are technical services provided for the administration of treatments or medicines ordered by patients' physicians?
4. What are the employment opportunities for practical nurses in each community service? How do presently employed practical nurses function in these services?

It is extremely doubtful whether a student practical nurse who never sees a patient nursed in accord with existing nursing requirements will herself learn to nurse patients. The patient attendant is not a nurse, although the attendant may be highly skilled within one type of patient situation. The nurse aide is not a nurse, although the nurse aide may be highly skilled in performing selected care measures for patients and in assisting nurses. The practical nurse or professional nurse who gives only medications or treatments performs one type of nursing measure; she is not engaged in the total nursing of a patient. The student practical nurse cannot learn the art of nursing from these persons, although she may learn institutional routines and become skilled in the performance of some measures required by patients.

The primary criterion to be applied in selecting the educational experiences in nursing patients is that the student see patients nursed and be personally guided and taught so that she herself can nurse patients. The second criterion to be applied is that these experiences provide for learning to nurse patients of all ages, both male and female. The third, that these experiences make it possible to learn to nurse patients or to assist in nursing patients in the various states of dependency. The fourth, that the student practical nurse has an opportunity to learn to nurse patients or to assist in nursing patients who are suffering the physical constitutional effects of illness and injury and patients who are suffering the circumscribed effects of illness and injury. The fifth, that the student practical nurse has an opportunity to nurse patients or to assist in nursing patients suffering impaired mental functioning where deep psychological understandings are not required to assist the patient. The sixth, that the student practical nurse has an opportunity to assist in the nursing of patients with impairments of consciousness from anesthesia, from internally produced toxins, or from poisons taken into the body, and learns to participate effectively in the care of patients in delirium. The seventh criterion is that the student practical nurse has the opportunity to assist in nursing the newborn infant and in helping the infant's mother meet her infant's needs, and to assist in nursing the obstetrical patient in the various stages of child-bearing.

Guiding and Teaching Student Practical Nurses

Implicit in all nursing practice is the fact that the patient is the one assisted. Assisting another implies that there is a reasonable meeting of the minds of the two persons involved and that each respects the rights and responsibilities of the other.

Those who guide and teach the student practical nurse will help the student understand both the role of the nurse and the patient in the nursing situation. They will assist the student nurse both by instruction and by example to come to see nursing situations objectively and to focus on the individual patient and the patient's requirements for nursing. They will guide the student to understand the importance of the patient's habits and beliefs relative to personal care and daily living, since habits and beliefs enter into to what patients desire to have done or not to have done for them. Habits of patients may be disrupted and beliefs disregarded by the nurse. This does not change habits or beliefs, but it does psychological violence to the patient. The student practical nurse is helped to develop the abilities necessary to determine the habits and beliefs and desires of patients relative to self-care and other aspects of daily living. The teacher also guides the student to learn the necessity of developing the ability to recognize the behavior state of patients; and the patient's readiness at any given time to receive specific directions or instructions, to be questioned, or to have optional things done for him.

The patient is most at ease with a nurse who is at ease and not anxious about what she should or should not do. The nurse does not make an issue of what is obviously necessary for the well-being of the patient; but neither does she take for granted that the patient understands what she proceeds to do for him. Looking at the nursing situation through the eyes of the patient, and understanding the feelings of the patient about his situation helps the nurse guide the patient to come to understand and accept the specific self-care and the pattern of daily living which will contribute to his health and general well-being.

The student practical nurse is guided in developing the understanding and abilities necessary for her to help patients become self-directing in self-care. Although patients have dependencies, it is of utmost importance that their right and responsibility for directing their own personal care are recognized by the nurse. When a patient is psychologically able, that is, physically, mentally and emotionally able, the patient should be helped to understand his self-care needs, special modifications of daily living, and his role and the roles of those who assist him. The nurse does not foster dependency in the patient; neither does she have patients do for themselves when they are physically unable, or when they are psychologically unable to perform measures needed in self-care.

The teacher of student practical nurses knows that students cannot be given experience in nursing or assisting in the nursing of patients with all the diseases to which man is subject. The teacher also knows that in the short period of their basic education for nursing, student practical nurses cannot develop understanding of these diseases. The teacher of student practical nurses helps them develop a foundation for understanding the general nature and causes of disease, and the range of effects which disease, injury, and disability have upon people and their physical, mental, and emotional health. She teaches the students to nurse patients in light of their health state and dependencies, the specific effects of disease and injury on body structure and functioning as well as mental functioning, and the physician's plan of medical care.

Chapter 5

Nursing Situations

TO PLAN FOR THE EDUCATION of persons who desire to become practical nurses it is necessary to understand the characteristics of situations where persons require nursing. It is also necessary to distinguish the varieties of types of nursing situations. A detailed analysis of factors operative in nursing situations and the detailed description and classification of the types of nursing situations are major projects beyond the scope of this work. What is presented here is an outline of some of the major factors operative in a nursing situation and some general descriptions of nursing situations.

The Social Nature of a Nursing Situation

A nursing situation centers around a person who needs direct assistance in self-care because of a situation of personal health. Persons who require such assistance are receiving medical care because of a state of ill health, or because of a need to determine, maintain, or improve their health status. The person nursed is commonly called a patient in the sense that he is under care of a physician. The term patient is also applicable to a nursing situation in the sense that the person nursed is the recipient of action, the patient, in distinction to the agent of the action, in this instance, the nurse.

Nurse-Patient Relationship

A nursing situation is basically a social situation, involving interaction between a nurse and a patient. The nurse is in the position of being the more physically able, the more objective, and the possessor of understanding and ability necessary for nursing patients. The patient is in a position of dependency upon others; and this dependency may be of physical, intellectual, or emotional origin. The patient is often cut off from his normal place in society; his attention is focused on himself and the probable or imaginary effects of his health state on his life and well-being. There may be fear and anxiety; and there will be varying degrees of natural and uncontrollable anticipation of what is to come. The patient is from a family, and the members of the family may either not possess the abilities necessary to assist him or are not in a position to do so, although they act for the patient to the degree possible. Some patients may be living away from the family unit, and have no one to act for them other than friends, their physicians, nurses, and others. Interaction between nurse and patient relates to the self-care of the patient including the patient's participation in the medical care as given and directed by the patient's physician.

The interaction between a nurse and a patient may be examined in the same light as other situations where there is social interaction. There is always an identifiable and existent psychological relationship between nurse and patient. There is also an identifiable objective nursing relationship between nurse and patient. The psychological relationship is that which exists; the objective nursing relationship is the relationship which is desirable. The more closely the psychological relationship approaches the objective nursing relationship, the more nearly the patient will be nursed in accord with his existing nursing requirements.

The nurse-patient relationship and the interaction between nurse and patient may extend to various proportions of the daily activities of the patient. Totally dependent patients, for example, unconscious patients and patients who are infants, are entirely subject to what the nurse does or does not do to help them in their states of dependency. On the other hand, a patient may be dependent only in regard to a specific matter of health which does not affect his ability to care for himself in ordinary matters of daily living.

A patient's requirements for nursing vary in their importance insofar as the patient's life, health, and general well-being are concerned. Meeting certain continuous nursing requirements may be vital to the patient's life, for example, maintaining a clear passageway for air in an unconscious patient. Meeting other nursing requirements may be essential to the uncomplicated recovery. Other nursing requirements may neither be vital to life nor uncomplicated recovery, but are important in terms of the physical and psychological well-being of the patient.

Nursing situations vary in duration, that is, in the time span during which a person requires and receives nursing. The effects of the nursing received by a patient will also vary in duration, not only in the sense that nursing contributed to the maintenance of life and to the restoration of health, but also in the effects which the psychological relationships between nurse and patient have upon the feelings, beliefs, and subsequent actions of the patient.

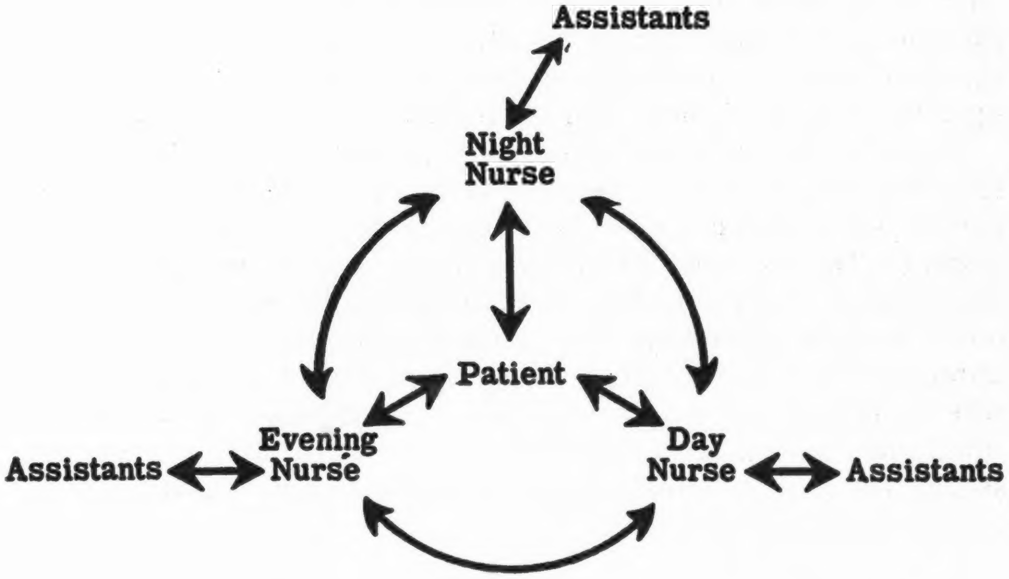
The relationship between nurse and patient in a specific nursing situation may be one of relative unity in which both nurse and patient are endeavoring to meet the nursing requirements of the patient. On the other hand, the patient may be antagonistic to the nurse, or the nurse may be antagonistic to the patient. Still other nursing situations may give evidence of both unity and antagonisms on part of nurse and/or patient. Nursing situations which continue for even a moderate span of time tend to become family-like in character whenever one or more of the nurses assisting the patient remain in the situation for its duration or at least for a major part of it.

Relationships Between Nurses

In situations where nursing requirements of patients are continuous or periodic around the clock, more than one nurse will nurse a patient during the 24 hours of the day; and each of these nurses may have assistance from other nurses, and other workers in nursing. In some nursing situations in the home as well as in hospitals and other institutions, members of a patient's family sometimes assist directly in the care of the patient during part of a day. (See illustration, *Persons in a Nursing Situation.*)

Each nurse within a nursing situation has a psychological relationship to the other nurses participating in nursing the patient. The relationship of the nurse to the patient stems from the specific nursing requirements of the patient and from the responsibilities of the individual nurse in meeting these requirements. The relationships between nurses participating in nursing the patient are derived from their specific nursing responsibilities relative to the patient. Today in hospitals where there is a high degree of job specialization, it is sometimes difficult to identify whether the responsibility for nursing the individual patient is recognized and specifically allocated. In these situations, relationships between nurses tend to focus on specifics, such as giving medicines, treatments, or baths rather than upon each nurse's personal responsibilities in analyzing and meeting the nursing requirements of individual patients.

PERSONS IN A NURSING SITUATION



The Nurse and the Patient's Physician

The physician is related to the nurse or nurses who are in interaction with his patient in a nursing situation by virtue of the fact that they are with the patient continuously or periodically throughout the 24 hours of the day to assist the patient in self-care.

The relationship between physician and patient is sometimes of longer duration than the relationship between the same patient and the nurses who assist him during a period of ill health. Patients are frequently under the care of a physician before the patient's incapacities in self-care are such that he requires nursing assistance. Sometimes patients receive medical care as required over a period of years from the same physician. Except in those instances when the life of a patient is in balance and the physician remains in continuous attendance for a period of time, the patient-physician contact is periodic and quite limited in duration. However, these periodic contacts between the patient and the physician often profoundly affect many or all aspects of the patient's living and his psychological well-being between contacts.

The patient-physician-nurse relationship is derived from the physician-patient relationship and the nurse-patient relationship. When this relationship is operating effectively, a coordinated sector of action develops. This action is centered around the patient; it coordinates the medical and nursing requirements of the patients and integrates the specific and general medical directives of the physician into the patient's daily life.

The scientific foundations for medicine and its practice have developed so rapidly in recent decades that little by little physicians have found it expedient to utilize more and more medical specialists to assist them in the care of individual patients. Today a patient often has two or more physicians in direct medical attendance; and these physicians in turn receive medical assistance or consultation from radiologists, pathologists, anesthesiologists, and physiatrists. These groups of medical specialists who devote their time to highly scientific and circumscribed measures of diagnosis, treatment, and rehabilitation are assisted by technicians who are skilled in performing specialized tests and therapeutic measures within the specialty. There is direct contact between patients and these technicians. In instances where technicians are not working under the direct guidance of a medical specialist from their field, the patient's physician necessarily bears the medical responsibility for the measures of diagnosis, treatment, or rehabilitation which he orders that these technicians perform for his patient.

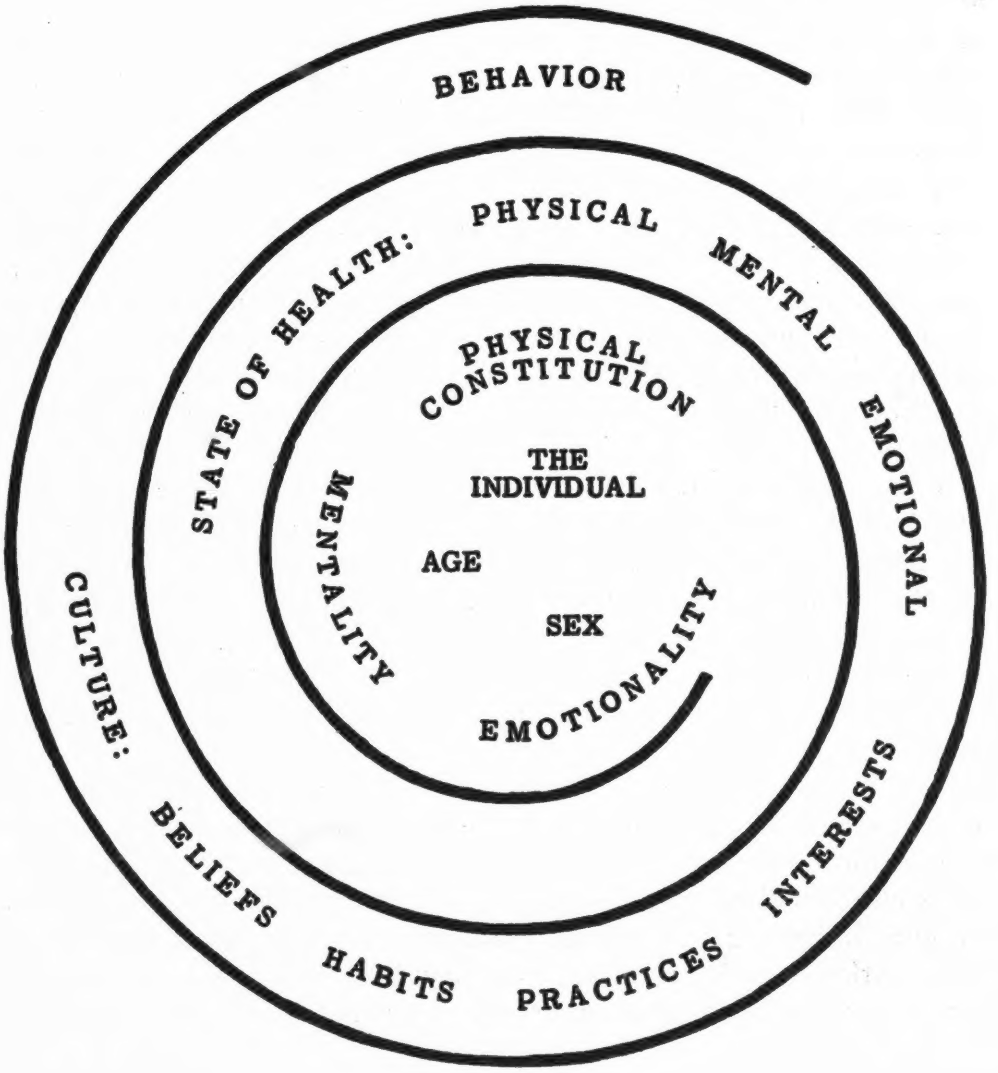
The nurse is related to these medical specialists and technicians by virtue of the fact that the measures which they perform for the patient by order of the patient's physician must be planned for in the patient's day. Too, these measures may have special preparation requirements which the patient must adhere to or perform with the assistance of the nurse. And the measures of care may in turn require that the patient have specialized after-care.

A nursing situation and a medical situation centered around the same patient become integrated one with the other whenever there is continuing and cooperative interaction between the patient's physician, medical specialists, and technicians, and the nurses with responsibility for nursing the patient. Without such continuing cooperation and interaction, one situation is merely conditioned by the other adversely or favorably to a greater or lesser degree.

Social Complexity of Nursing Situations

Every situation of nursing practice is socially complex in terms of numbers of people and interaction between people. The work of the nurse is somewhat like the daily activities of the mother of a family in the sense that the nurse like the mother knows the requirements of daily living of persons to whom her responsibility extends. She can meet only some of these requirements. Other requirements the nurse cannot meet, but she acts to secure the assistance required from other persons and cooperates actively with these persons for the welfare of the patient.

BEHAVIOR SPIRAL OF THE INDIVIDUAL


BEHAVIOR
STATE OF HEALTH:
PHYSICAL
MENTAL
EMOTIONAL
PHYSICAL CONSTITUTION
THE INDIVIDUAL
MENTALITY
AGE
SEX
EMOTIONALITY
CULTURE:
BELIEFS
HABITS
PRACTICES
INTERESTS

All the persons with whose efforts the nurse must coordinate and integrate her own nursing efforts vary one from another. All must be *seen* and worked with by the nurse as individuals with distinct responsibilities which touch upon to a greater or to a lesser degree the responsibilities of the nurse. In every action area in a nursing situation the nurse works with other people either in a face-to-face contact situation or by indirect contact through written and other forms of communication. It is vital that nurses understand patterns of behavior, cultural variations of people, and variations in states of health in order to nurse and work effectively with others in the care of patients. It is important that nurses understand the impact of the individual's physical constitution, mentality, and emotionality on daily living, especially during periods of stress. See illustration, *Behavior Spiral of the Individual.*

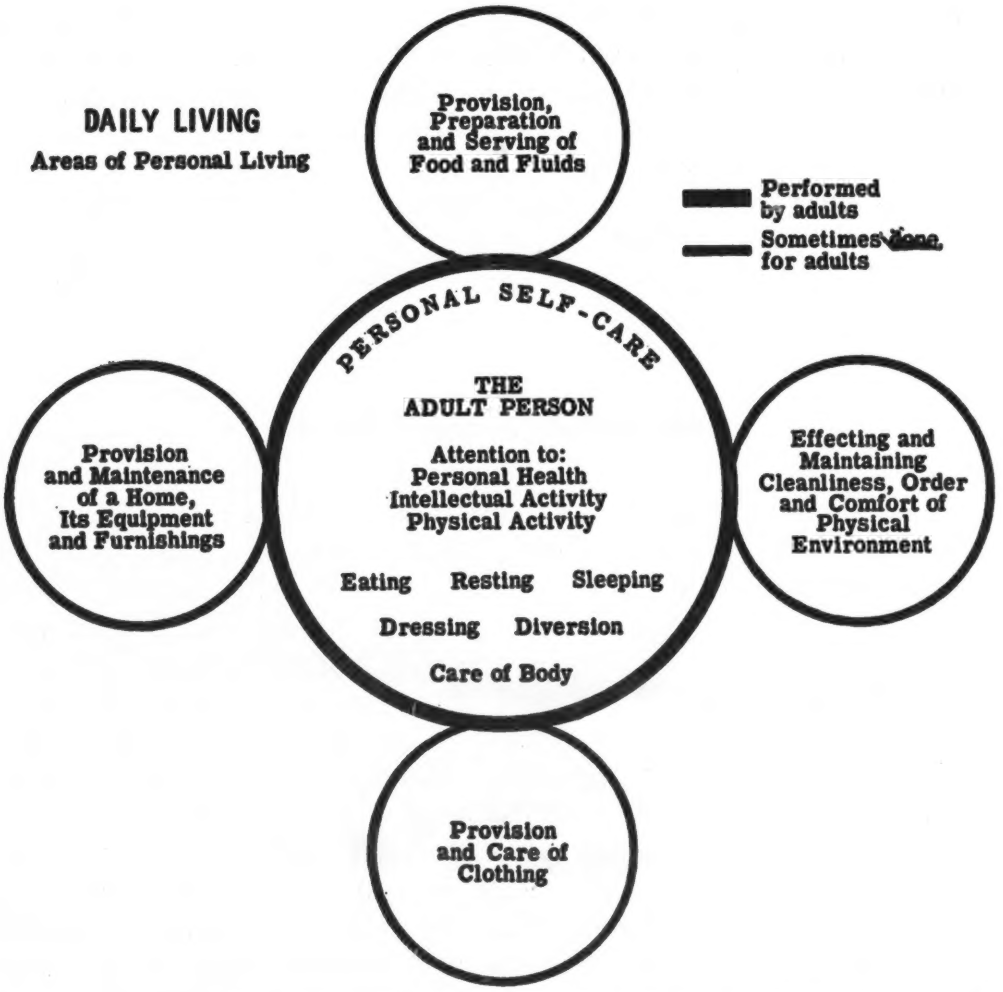
Situations of Daily Living

There are many spheres of action, both personal and social, in the daily living of each person. These areas are summarized in the illustration, *Daily Living: Areas of Personal Living; Areas of Social Living.* Daily living of the individual varies with age, culture, economic state, family status, and health state. All persons who participate in the care of patients assist in some sphere of the patient's daily living. Assistance in any one sphere influences and is influenced by other spheres of the patient's daily living. Nursing action is in the sphere of *personal self-care.*

A requirement for nursing is something added to the ordinary daily living of the patient. This is also true of other types of assistance required because of adverse states of health or special health needs. Patients who require nursing may be in their homes. They may be temporary or permanent residents in an institution, such as a hospital or nursing home; they may be at their place of occupation, or at school. Wherever people are, they require food and fluids, sufficient clothing, a clean, safe, comfortable physical environment, and facilities for use in meeting their bodily needs in accord with their age, health state, and other individual needs based on occupation and culture. These resources, essential for life and well-being, are utilized by people in daily self-care. Patients who have nursing requirements may have needs for assistance relative to the provision of these resources and the establishment of required conditions. The nursing as well as the medical requirements of the patient may determine or qualify the specific resources of food and fluids, the environmental conditions, and the facilities required in the daily living of the patient. A high degree of integration is thus required between nursing action and action related to these resources and conditions of daily living.

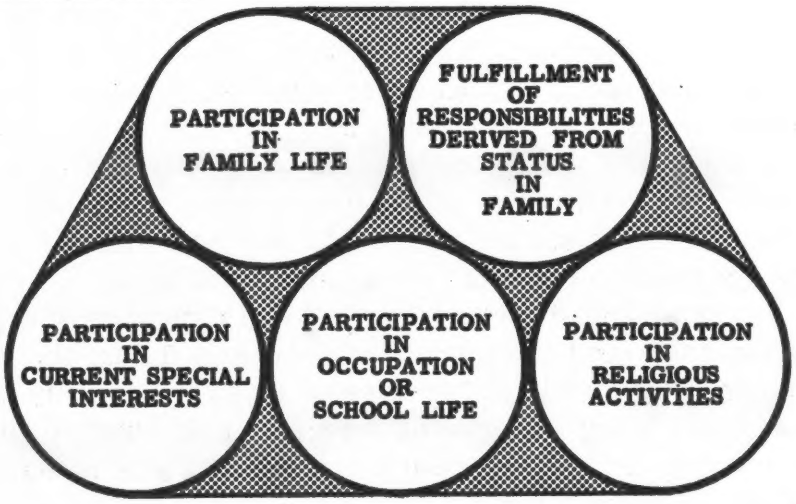
DAILY LIVING

Areas of Personal Living


Provision, Preparation and Serving of Food and Fluids
Performed by adults
Sometimes done for adults
PERSONAL SELF-CARE
THE ADULT PERSON
Attention to:
Personal Health
Intellectual Activity
Physical Activity
Eating
Resting
Sleeping
Dressing
Diversion
Care of Body
Provision and Maintenance of a Home, Its Equipment and Furnishings
Effecting and Maintaining Cleanliness, Order and Comfort of Physical Environment
Provision and Care of Clothing

DAILY LIVING

Areas of Social Living.

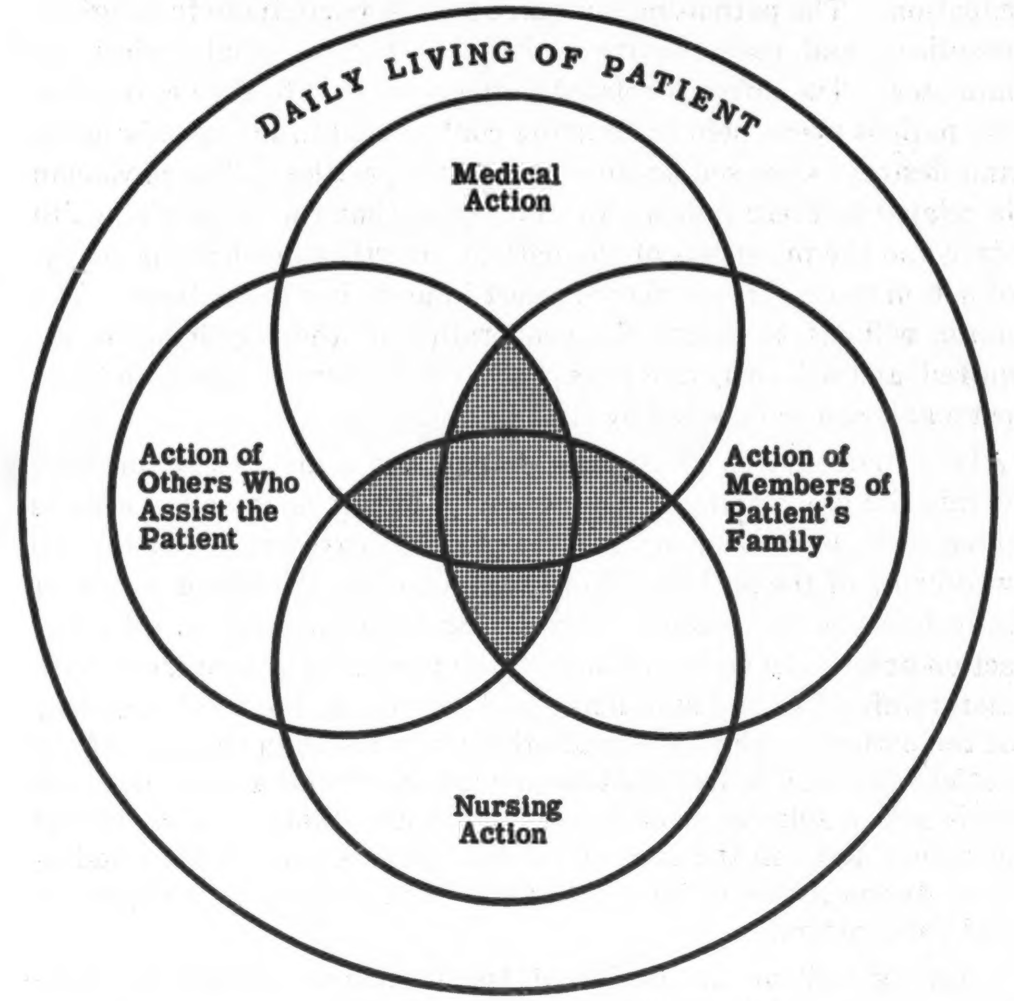

PARTICIPATION IN FAMILY LIFE
FULFILLMENT OF RESPONSIBILITIES DERIVED FROM STATUS IN FAMILY
PARTICIPATION IN CURRENT SPECIAL INTERESTS
PARTICIPATION IN OCCUPATION OR SCHOOL LIFE
PARTICIPATION IN RELIGIOUS ACTIVITIES

Patients may require direct assistance from others in the areas of social living. They may need assistance from social workers relative to economic problems and family responsibilities or occupation. The patient may require help to participate in religious practices, and may require assistance from a rabbi, priest, or minister. The nurse is related to these persons to the degree that the patient needs help in securing contact and in having his needs and desires expressed because of his incapacities. The physician is related to these persons to the degree that the patient's health state and the prognosis of the patient directly influence the course of action these persons should select in assisting the patient. The nurse will act to secure the cooperation of the physician as required, and will relay and interpret his directives or advice to those persons when so directed by the physician.

Each person who assists the patient has a distinct action area within the daily living of the patient. Ideally each action area is integrated with other action areas to the degree required for the well-being of the patient. For example, when the life of a patient is in balance, the medical situation is superimposed on all other action areas. In such a situation, the physician is concerned with maintaining life and stabilizing and improving the vital functions of the patient. The nurse and others who assist in the care of the patient function in light of this prime directive of action, although their action spheres remain unique and identifiable. The concept of action areas in the care of the patient is shown in the illustration, *Action Areas in the Care of the Patient Showing Uniqueness and Integration.*

Age as well as the health of the individual affects his daily living and the daily living of others closely associated with him. The infant and child must be cared for since they are incapable. The adolescent and young adult have continuing requirements for assistance in daily living because of their intellectually and emotionally directed searching and their developmental physical changes. When in need of nursing, the infant, child, adolescent, and young adult continue to need that assistance required because of age and growth and developmental state. The nurse gives such assistance in cooperation with the family. Through her efforts it becomes a part of the daily living of the patient. The health state of the patient, causes, effects, and probable outcome of specific health deviations and medical measures utilized by the physician condition to a major degree what the nurse and members of the family and others will do.

ACTION AREAS IN THE CARE OF THE PATIENT SHOWING UNIQUENESS AND INTEGRATION


DAILY LIVING OF PATIENT
Medical Action
Action of Others Who Assist the Patient
Action of Members of Patient's Family
Nursing Action

Persons in the beginning and subsequent periods of aging have physical limitations of varying degrees of severity. These limitations may necessitate major or minor changes in an individual's accustomed manner of personal and social living. The limitations imposed on a person by aging are necessarily considered whenever such persons require nursing. Through the activities of the nurse the physical limitations and any mental limitations due to aging are compensated for by the assistance the patient receives in daily living.

Daily living is conditioned by the patient's culture, that is, his beliefs about self, others, and the world, his specific habits and practices of personal and social living, and special occupational and other personal interests of the patient. A person's beliefs, habits, and abilities form the basis for reasoning and interpretation. A patient's habits and practices of personal and social living will condition his reaction to practices that are different or in opposition to his own. A patient's culture is a major factor in the degree to which the patient understands, accepts, and participates in medical care and nursing.

A patient's position and responsibilities within the family group condition daily living as well as the nursing of the patient. The health situation of the patient and the effects, duration, and outcome of specific health deviations from which the patient suffers affect not only the patient but the family. The patient may suffer to varying degrees because of separation from the members of the family, or from an unaccustomed mode of daily living; or he may suffer because of the reactions of the family to the patient's situation of health, or because of the effect which the patient's health situation has or will have upon the social and economic well-being of the family. The members of the patient's family also suffer in accord with their position and their responsibilities within the family. The activities of the nurse will not separate the patient from the members of the family or from close friends. The nurse will endeavor to prevent the development of fear and anxiety on part of the patient or members of the patient's family by helping both the patient and the family come to understand the patient's nursing requirements and how they will be met. When a patient is without family or friends or is separated from them for long periods of time, the daily living and the nursing of the patient are conditioned by this social lack. The nurse understands the necessity of solidary social relationships in the daily living of people, and will endeavor to bring such patients as permitted by their state of health and the medical directives of the physician into the company of other persons with similar interests.

The environment of the patient exercises a continuous conditioning influence upon the daily living of the patient and upon nursing the patient. The physical and social components of the patient's environment are of fundamental importance to the general well-being of the patient and to daily living. The physical components include the facilities in the homes, hospitals, or other institutions where patients are nursed, and the equipment and materials readily available for use in meeting the nursing and other requirements of patients. The social components are all the persons in contact with the patient or in contact with nurses and others who directly assist the patient.

Situations of Personal Health

Nursing is an assisting art through which persons with health deviations or persons in need of health guidance are helped on a continuing basis to meet their daily needs for self-care including the following of the specific and general medical directives of their physician. Nursing the individual patient is linked directly to the patient's situation of personal health, to the medical care directed and given by the patient's physician, as well as to the person's age, and his understanding and abilities in healthful living. It is the person's situation of health and resultant incapacities of physical, mental, or emotional derivation which give rise to requirements for nursing.

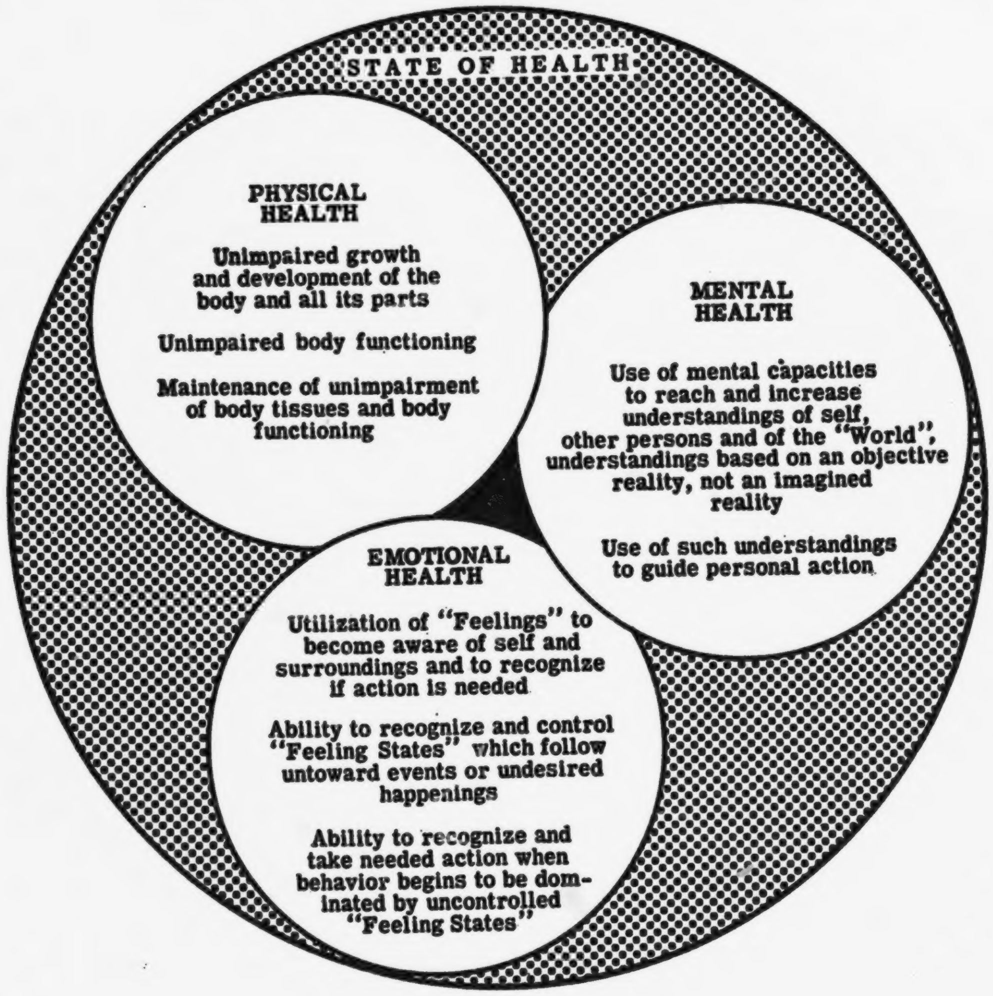
The importance of health in the daily living of each person is such that the person's physical and intellectual activities, feelings and emotional reactions, power of self-direction, and abilities to accomplish practical results of value to self and others are held in balance by the person's state of health. At any given time a person's situation of health is a composite of the following:

1. The person's general state of health, including the state of the physical, mental, and emotional components of health.
2. The specific health deviations from which the person suffers, including their causes, course of development, effects, probable course, and outcome.
3. The person's beliefs and practices relative to the physical, mental, and emotional components of health, including beliefs and practices relating to personal and social living.

A person's state of health is reflected in *what* he does each day as well as in *how* he does these things. Physical health sets relatively absolute limits to what a person can do in terms of physical action and physical endurance. Mental and emotional health are reflected in the activities a person selects to perform and in the manner of their performance as well as in the specific activities which the person avoids or takes measures to avoid. Personal health is somewhat like a chemical compound formed by the interaction of specific chemical elements. The elements are not the compound, but the elements are identifiable using appropriate chemical means. Health of body, mind, and emotions is one way of expressing the major components of a person's state of health. This concept of health is shown in the illustration, *Personal Health, A State with Physical, Mental, and Emotional Components.*

PERSONAL HEALTH

A State with Physical, Mental, and Emotional Components



PHYSICAL HEALTH

Unimpaired growth and development of the body and all its parts

Unimpaired body functioning

Maintenance of unimpairment of body tissues and body functioning

MENTAL HEALTH

Use of mental capacities to reach and increase understandings of self, other persons and of the "World", understandings based on an objective reality, not an imagined reality

Use of such understandings to guide personal action

EMOTIONAL HEALTH

Utilization of "Feelings" to become aware of self and surroundings and to recognize if action is needed

Ability to recognize and control "Feeling States" which follow untoward events or undesired happenings

Ability to recognize and take needed action when behavior begins to be dominated by uncontrolled "Feeling States"

Personal health of an individual is not an absolute state, but a state which undergoes continuous change. Change is desirable when it is directed to growth and development of the body, to the maintenance of unimpairment of body tissues and body functions, and when directed to mental development and to increasing utilization of the mental functions in self-directed personal action. On the other hand, change is undesirable when the result is failure of the body to grow and develop or impairments of body structures and functions. Change that results in impaired mental functioning, and change resulting from failure of a person to use his natural and unimpaired mental powers are also undesirable. These undesirable changes result in deviations from a state of

Table 1.—Major Variations in the General Health State of People

Physical state	Mental state	Emotional state
1. Physical strength and vigor— a. Strong, vigorous and physically active. b. Strength and vigor equal to but not in excess of that required for essential personal endeavors. c. Strength and vigor unequal in varying degrees to essential personal endeavors.	1. Conscious; mental functioning unimpaired.	1. Emotional reactions in accord with the nature of the happenings which give rise to them and with the effects of these happenings.
2. Growth and development of body and its parts— a. Unimpaired. b. Specific impairments.	2. Varying degrees of mental incompetence.	2. Emotional reactions more intense and prolonged than warranted by the nature of happenings which gave rise to them.
3. Specific body structures and body functions— a. Unimpaired. b. Specific impairments.	3. Consciousness impaired to varying degrees with or without prior existence of mental incompetence— a. Mental confusion or clouding of consciousness. b. Stupor or partial loss of consciousness. c. Unconsciousness.	3. Lacking in emotional resonance to varying degrees.

health natural for a person of a specific sex and age. A list of some major variations in the health state of people is given in table 1.

Health deviations are numerous and affect physical as well as mental and emotional health. All parts of man's body and all his bodily functions are subject to the effects of disease and injury. His powers of understanding and powers to control and direct personal actions are subject to influences from impaired mental functioning, and from the influences of certain structural and functional impairments of the body on mental functioning. When a person has a marked deviation from a natural healthy state, the person is said to be sick or ill. Sickness and illness are terms frequently used to refer to a general state of ill health. The term disease is commonly used to mean a specific health deviation with identifiable characteristics relating to cause or causes, development, effects, probable course, and outcome. Injury implies damage or harm, and is most commonly used to mean damage to the body or any of its parts with resultant effects on body functions.

Some health deviations are preventable through the use of commonly known measures necessary for the maintenance of personal health and/or through early and effective medical care. Table 2 contains a list of some major requirements for personal health. Other health deviations when diagnosed by the physician, identified as to nature, cause, effects, course, and probable outcome, are subject to cure or control with appropriate medical therapy.

The nurse is concerned both with the establishment and maintenance of conditions of healthful living and with health deviations and their effects upon the individual's abilities in personal action. The effects of the health deviations give rise to the signs and symptoms of disease and to the patient's dependency state.

Table 2.—Some Major Requirements for Personal Health

Physical health	Mental health	Emotional health
1. Food, water and air in accord with the nutritional and energy requirements of the person derived from age, activities, and particular situation of health.	1. Mental stimulation in accord with age, capacities, abilities and special interests.	1. Control of the emotional stimulation of the infant and child to prevent the development of states of fear, anxiety, or anger.

Table 2.—Some Major Requirements for Personal Health—Continued

Physical health	Mental health	Emotional health
2. A protective and comfortable physical environment or environments with facilities, equipment, and materials necessary for daily living.	2. That degree of bodily unimpairment essential for the continuing development of awareness of and learning about self and environment.	2. That degree of mental functioning which permits for development of understanding of self and others and for self-direction of behavior.
3. Unimpaired growth and development of the body and its parts; unimpaired and continuous mental development; continuous use of feelings and emotions as guides to not as uncontrolled directives for behavior.	3. Mental activity of a developmental nature in accord with present abilities and potential for development; and practical endeavor which utilizes both physical and mental action to accomplish results of value to self and others.	3. The direction of feelings and emotional reactions to the development of an increasing awareness of self and others.
4. Maintenance of a state of unimpairment of body structures and body functions.	4. Periodic mental diversion in accord with abilities and interests but in contrast to the specific mental developmental activities and practical endeavors being pursued.	4. Development of understanding of states of fear, anger, hatred, awe, pleasure, and love; states of unrest and dissatisfaction and states of peace and happiness; and of the effects of physical and mental suffering on individuals.
5. Physical activity, rest and sleep in accord with age, natural limitations of the body, constitutional state, special interests, and limitations due to present situation of health.	5. Periods of rest and sleep when mental activities are undirected.	5. Periods of rest and sleep.

Physical health deviations affect particular body structures or body functions. The effects of physical health deviations may be confined to a particular part or parts of the body (circumscribed effects) or the whole body may be affected (constitutional effects). The specific structures of the body and the functioning of the body and all its specific parts give insight to the great variety of effects possible from physical health deviations.

Mental and emotional health deviations produce effects on mental functioning and behavior. These deviations affect a person's capacities for personal action and determine what the patient can or cannot do for himself. They also give rise to specific and extraordinary personal care requirements, or specifically condition the manner of assisting the patient. For example, some patients whose powers of rational self-direction are seriously impaired may need constant protection to prevent self-destruction. A consideration of table 3 which lists some effects of mental and emotional health deviations on mental functioning and behavior should give some insight into the nature of the personal care required by individuals with such health deviations.

Table 3.—Some Effects of Mental and Emotional Health Deviations on Mental Functioning and Behavior

Mental	*Emotional*
1. Abilities in rational self-direction and behavior control are seriously impaired: a. the person's life and well-being are endangered by his own actions. b. the person's action constitute a serious danger to the life and well-being of others.	1. "Unfeeling," or lacking in natural emotional resonance; feelings and emotions cannot serve as useful guides to behavior.
2. The person is in a state of preoccupation with self and reasoning and subsequent judgments and decisions to act or not to act are based on the reality of the patient's "mental world", rather than upon objectively existent realities.	2. In an emotional state of great intensity; behavior controlled to a major degree by emotions.
3. Mental capacities are so undeveloped or mental functioning so seriously impaired that the patient's life and well-being are endangered by his inability to act for himself.	3. Feelings and emotional reactions to all happenings highly intensified.

Table 3.—Some Effects of Mental and Emotional Health Deviations on Mental Functioning and Behavior—Continued

Mental—Continued	*Emotional*—Continued
4. Mental capacities are undeveloped or mental functioning is impaired to the degree that the person requires continuous guidance in performing the activities of daily living.	4. Behavior is consistently influenced to a major degree in all or nearly all situations of living, by feelings and emotional reactions.
5. Mental capacities are undeveloped or mental functioning is impaired to some degree, but the person can perform the activities of daily living and occupational activities within a stable environment.	5. Behavior is consistently influenced to a major degree in isolated but specific types of situations of daily living by feelings and emotional reactions.

The probable course and outcome of specific health deviations from which people suffer are of great importance to the nurse. Knowledge of the course and outcome of health deviations help the nurse understand the probable duration of the patient's state of impaired health and whether there will be unqualified recovery, loss of function, a permanently impaired function, or whether death is inevitable if disease processes cannot be controlled.

The specific nature of the disease process and the cause of the disease or injury are often of great importance in nursing the patient. This is especially important whenever disease processes and/or causes are subject to control through appropriate medical therapy, and when the patient must participate directly on a continuing basis in the medical therapy. The nature of the disease process means the specific pathological (unnatural) change or lack of change taking place in body structure and body functioning and/or in mental functioning and behavioral direction. The cause of a disease is any agent, action, lack of action, or any deprivation of the requirements for personal health that results in a health deviation. The nature of disease processes is the subject matter of that branch of medicine known as pathology. The science or study of the causes of disease and the mode of operation of these causes is known as etiology. The nurse requires knowledge of these two sciences in accord with the nature of the nursing situations to which her range of practice extends. The professional nurse requires a broad and deep foundation in both sciences. The practical nurse requires a foundation which enables her to understand the general nature of pathological processes, and the general nature and mode of operation of the more common causes of health deviations. Some major outcomes of health deviations are given in table 4; some major causes of health deviations in table 5.

Table 4.—Some Major Outcomes of Health Deviations

Physical	Mental	Emotional
1. Patient's life is in balance pending establishment, reestablishment or stabilization and maintenance of vital functions.	1. Outcome is unfavorable because impaired mental functioning results from a permanent organic impairment.	1. Outcome is unfavorable because the patient's emotional state results from a permanent impairment of mental functioning.
2. Outcome is unfavorable, pathological processes are progressive and irreversible and vital processes are or will be affected.	2. Outcome is unfavorable because impaired mental functioning is based on a state of mental deficiency.	2. Outcome dependent upon the cure or control of a deviation of mental functioning.
3. Outcome is generally favorable but qualified by a requirement for continuous therapy, by a permanently impaired function or by a loss of function. Substitution or compensation required.	3. Outcome is dependent upon the patient regaining abilities in rational self-direction and behavior control.	3. Outcome dependent upon the patient's increase in understanding of self, and of other persons and upon the subsequent development of the ability to use feelings and emotional reactions as guides not as uncontrolled directives for behavior.
4. Outcome is favorable and recovery is unqualified.	4. Outcome dependent upon the improvement of the patient's state of health and/or upon relief from present physical and mental strain.	4. Outcome dependent upon the patient's understanding of the objective nature and the probable outcome of a happening which has caused undue fear and anxiety.

Table 5.—Some Major Causes of Health Deviation

Physical health deviations	*Mental and emotional health deviations*
1. Hereditary factors.	1. Intense and prolonged physical, emotional or mental strain.
2. Prenatal influence.	2. Organic disease; effects of injury.
3. Psychic factors.	3. Mental deficiency states existing at birth.
4. Use of a part of the body in discord with its structure and range of functioning.	4. Failure to attain that degree of psychological integration needed for prudent self-direction of personal actions.
5. Use of the body in excess of present strength and vigor.	
6. Use of the body without adequate attention to ongoing requirements for food, fluids, rest and sleep.	
7. Lack of the substances vital to life—air, food, and water.	
8. Plant and animal parasites.	
9. Toxic substances taken into the body.	
10. Toxic substances produced within the body.	
11. Physical agents.	
12. Physical force, accidentally or purposefully directed.	

In each nursing situation the interaction between the physical, mental, and emotional components of health are necessarily understood if the patient is to be nursed effectively. When there is malfunctioning of those organs of the body necessary for sensory reception and for awareness of self and environment, there may be changes in mental functions and in psychological integration of behavior. When a physical health deviation is of a grave nature and affects many or all of the personal and social aspects of living, the person so affected will suffer psychologically from the disruption of his physical integrity and from his inability to act for himself. A patient's mental and emotional response to such a situation is in accord with his natural mentality and emotionality, his culture, and with his degree of psychological integration. Even where the patient has a high degree of psychological integration, time is required for psychological acceptance of any permanent structural or functional loss, however minor, or of progressive pathological change. The patient who is facing death undergoes observable psychological change and during this period of change requires special assistance from persons who have solidary social relationships with him. Such patients should be nursed by nurses who are able to understand the patient's psychological state, and can talk of death if the patient introduces the subject.

Psychological integration of behavior is basically dependent upon unimpaired mental functioning. Patients with mental health deviations have varying degrees of loss of power of integrating present mental functioning and emotional reactivity with the objectively existent situations of their past lives and with present daily living. When there is mental malfunctioning, there are concurrent changes in the patient's emotional reactivity. The emotional tenor of the person is sometimes that of sadness or exuberance with many variations in between, or there may be a decrease in emotional resonance. Patients in intense emotional states, such as states of fear or anger, are necessarily nursed in light of the nature and cause of their emotional state.

The health of any one person from a family or from a specific community bears a relationship to other members of the family and the community. This relationship may be of minor importance to the work of the nurse, or it may be a major conditioning factor to meeting the nursing requirements of the patient. The health of one member of a family adversely affects other members of the family when and to the degree that the following conditions prevail: (1) A disease from which the person suffers is transmissible to other persons given certain conditions; (2) the health state of the person results in incapacity for personal action; (3) the person himself and the members of the family are unable to understand the person's state of health, come to accept it, and learn to bring about the conditions of living essential for the cure or control of specific health deviations, and for the improvement of the person's general state of health; (4) persons outside the family, physicians, nurses, and others are required to assist the patient in daily living; and (5) when the family is affected financially because of the cost of care, the loss of income, and the cost of additional help or resources needed in the home.

The health of an individual affects the community through its effects on other individuals and the organized units of the community. The factors that determine the impact of the health of individuals on other persons in the community are the same as those stated for the family. It is important that the relationship between effect on family and resultant effect on the community be understood by the nurse. When the individual and family are unable to act, other persons in the community must act for them and supply them with the resources needed. Thus, one of the important functions of a community is to supply or to insure the supply of health services and facilities beyond the power of the individual or the family to supply.

Situations Are Centered on Patients With Dependencies Due to Health State

Capacity of the individual for personal action is dependent upon a person's state of consciousness, specific intellectual and practical action abilities, and upon capacities for physical activity. When health deviations affect a person's state of consciousness and mental functioning or seriously limit the person's capacities for physical activity, there will be resultant incapacities in every or nearly every aspect of personal and social living. Patients so affected have a high degree of dependency, and always have high quantitative requirements for nursing.

Emotional states and intense emotional reactions also affect the individual's capacities for personal action. Persons in intense and prolonged emotional states, or persons whose emotional reactions to all happenings are severely exaggerated, are extremely dependent, since they cannot make prudent decisions or may be unable to make any decision relative to personal action. They may be willing to permit others whom they trust to act for them and to assist them; they may submit to what is done; or they may be so fearful or angry that they retreat or else rebuff or obstruct efforts to assist them. Assisting these patients requires a high degree of insight relative to behavior as well as a high degree of psychological integration on part of the person assisting, whether the person is a physician, nurse, or a member of the patient's family. Individuals in intense emotional states are necessarily accepted as they are and led by example or by simple suggestion to activities directly or indirectly beneficial to them.

Incapacities of people in self-care resulting from the state of personal health may be intensified by the natural inabilities arising from age, as with infants, children, adolescents, and persons of advanced age. Inabilities in self-care are further intensified by deficiencies of understandings and habits relative to healthful living, or by a culture to which health practices of proven value are unacceptable. Too, the behavior state of a person may in itself necessitate extraordinary assistance in self-care, or it may hinder or facilitate the giving of the assistance needed by the person.

The dependency state of the patient derived from his health situation is a composite state. It is determined from the patient's incapacities for personal action of physical, mental, or emotional derivation. The following determine the dependency state of the individual patient:

1. State of consciousness.
2. Limitations of external physical action and mobility.
3. Ability to understand and to direct behavior to a desired end.
4. Understandings and abilities in regard to present and future self-care needs.
5. Capacities for understanding, selecting and adhering to desirable courses of personal action required for self-care.

The character and causes of the patient's dependency state, and its extent and intensity determine in part the kind and amount of nursing the patient will need. They specifically determine the general technologies of value in nursing the patient. From a study of table 6 that lists some conditions which affect a person's abilities in personal action, it is possible to reach conclusions about variations in the dependency states of individual patients as well as the effects of dependency states. The unconscious patient, for example, is completely dependent and unable to understand or cooperate. Other patients while unable to use their bodies in physical action can understand and cooperate because mental functioning is unimpaired. The patient's dependency state and its probable outcome determine the selection of general technologies of greatest value in nursing the patient. The outcome of the patient's dependency state determines the probable duration of the patient's requirements for assistance in daily living, and the degree to which he can become self-directing. Self-direction means that the patient understands his specific requirements for assistance in daily living and self-care, and is able to fulfill his own part and cooperate and participate with those who assist him. The probable outcome of the patient's dependency state is determined by the degree of favorable or unfavorable change in the health state of the patient.

The patient's dependency state, the state of general health, specific health deviations, and requirements for daily living derived from his individuality constitute the framework for nursing action. These form the basis for analyzing and classifying situations of nursing practice.

Table 6.—Some Conditions and States Which Affect a Person's Abilities in Personal Action

Some effects of state of consciousness and state of mental functioning on behavior	Variations in physical strength and power of physical endurance	Variations in ability to use of the body in externally directed actions
1. Inert and unresponsive to external stimuli.	1. Extreme to moderate physical debility.	1. Loss of mobility.
2. Stuporous but respond to external stimuli.	2. Moderate to slight physical debility.	2. Loss of use of both upper extremities.
3. Delerious—mental confusion, with excitement and hallucinations.	3. Complete physical exhaustion.	3. Impaired mobility— Serious impairment. Moderate impairment. Slight impairment.
4. Mental confusion or disorientation to persons, time, or place.	4. Strength and physical endurance unequal to essential personal endeavors.	4. Impaired use of both extremities— Serious impairment. Moderate impairment. Slight impairment.
5. Varying degrees of incapacity for understanding and for the direction of actions to rational ends.	5. Strength and endurance equal to but not exceeding that required for essential personal endeavor.	5. Impaired use of one upper extremity— Serious impairment. Moderate impairment. Slight impairment.
6. Varying degrees of withdrawal from the existent realities of the past and present.	6. Varying reserves of physical strength and endurance.	6. Impaired movement of trunk and/or neck— Serious impairment. Moderate impairment. Slight impairment.
7. Self-direction of personal actions to effect results of value to self and others.		7. Use of body impaired by loss of specific powers of sensory reception.
		8. Use of body impaired by impaired functioning of the organs of sensory reception.

Analysis and Classification of Nursing Situations

Nursing situations are always unique in that each situation is centered around an individual patient. Any classification of nursing situations is necessarily based on factors which are common to these situations and which upon application to nursing situations yield a range of variations. The following factors are applicable to all nursing situations:

1. The patient's dependency state due to the health situations including its probable duration and outcome.
2. The age of the patient.
3. The nursing requirements of the patient and the technologies of value in nursing the patient.
4. The continuous or periodic nature of the patient's nursing requirements.
5. The importance of nursing to the life, health, and well-being of the patient.
6. Major characteristics and effects of health deviations.
7. The reasons for medical care and the primary result or results to which it is directed and the major medical technologies used by the physician.
8. The effect of the medical situation on the nursing situation.
9. The locale where the patient is nursed.
10. The effect of the patient's specific requirements for assistance in daily living on the nursing situation.

These are the same factors which are applied to understanding nursing practice requirements of specific nursing situations.

It is readily seen that no one factor is fully indicative of the nursing action required in a situation of nursing practice. Hence, a classification of nursing situations around a single factor is of limited value. However, the range of variations in nursing situation relative to each factor is of utmost importance. Establishing the possible range of variations for the ten factors just listed results in "tools" of great value for the following: (1) Developing an understanding of the practice requirements of specific nursing situations; (2) planning programs preparatory for nursing practice; (3) planning to meet nursing requirements of a group of patients during the same time period; (4) assigning patients to specific hospital units to provide effective and economical nursing of patients; and (5) making determinations of the types of nursing situations common to the community as a basis for planning facilities for care and as a basis for planning for the education of nurses.

In determining the scientific complexity of a nursing situation, the factors of greatest value include the degree of objectively desirable integration of the medical and the nursing situation; the effect of nursing on the life and the psychological well-being of patient; the specific result or results to which medical action is directed, and the necessity for and effect of such action on the life of the patient; and the importance of nursing action in supporting or contributing to the medical action of the patient's physician. In determining the quantitative requirements of a patient for nursing, the factors of greatest value include the dependency state due to health situation, probable outcome of the dependency state, age of the patient, continuous or periodic nature of the nursing requirements of the patient, the nature and degree of the patient's personal participation in fulfilling specific medical directives, and the specific time requirements for performing measure of care ordered by the patient's physician.

Activity Areas of a Situation of Nursing Practice

Each situation of nursing practice has identifiable areas for nursing action derived from the nursing requirements of the patient and from the need to coordinate and integrate assistance received from other persons into the daily living of the patient. The action areas in a nursing situation include the following: (1) Meeting the specific nursing requirements of the patient; (2) coordinating and integrating the efforts of the nurses caring for the patient with those of the physician; (3) interpreting the patient's requirements for food, fluids, physical environmental conditions, facilities, and specific types of social assistance to persons who have responsibilities for rendering such assistance; (4) coordinating and integrating the efforts of nurses caring for the patients with the efforts of these persons rendering various types of personal and social assistance; (5) interpreting to the members of the patient's family the major nursing requirements of the patient; and (6) integrating the nursing of the patient into the larger sphere of daily living of which it is a part, for example, integration of nursing the patient in his home into the daily activities of the family, or the integration of nursing a hospitalized patient into the daily activities of the hospital where many patients are cared for at one time.

Chapter 6

Designing a Curriculum

THE BASIC DESIGN or pattern of a curriculum is established by the sphere of education to which the curriculum is directed. The design is modified or conditioned by the qualifications of prospective students, the availability of teachers and resources essential for the educational experiences of students, and by the time allocated for the educational experiences. Designing a curriculum is necessarily based upon factual information from all of these areas. It is also based upon known facts about the educational process in individuals including the nature of the psychological changes which accompany learning.

The Curriculum Designer

A curriculum is a plan, a guide to the types of action to be taken in the pursuit of education for a particular sphere of intellectual or practical endeavor. Since a curriculum extends to many things, designing a curriculum usually requires the cooperative efforts of a number of people. However, in any instance where a curriculum is being designed, it is most important that one person bear the responsibility for initiating, organizing, and managing the work necessary for curriculum planning as well as for appraising outcomes. Ideally, this person is versed in the sphere of endeavor to which the curriculum is directed, as well as in matters related to education, learning, and teaching. This person desirably possesses specific personal qualities necessary for the creative and inventive work necessary for curriculum designing.

The quality of objectivity in a curriculum designer is most important. This includes personal detachment from curriculum patterns in present use. Such detachment is not easy, since people tend to use as a guide that with which they are familiar. Specific existent values of a curriculum often tend to overshadow glaring educational inadequacies. A brave and adventurous spirit is a help to a curriculum designer rather than a liability.

A curriculum designer should have scientific ability because he gleans or helps others glean the facts, concepts, and action abilities essential to education for the defined sphere of activity from diverse but related bodies of knowledge and from diverse arts. He knows how all of these can be best brought together to facilitate student learning. The designer necessarily exercises creative and inventive talents in organizing the curriculum. He knows the economic factors which affect education, such as the community need for persons qualified in the sphere of education to which the curriculum is directed, the educational potential of people likely to pursue the curriculum, the nature of the learning essential for the particular sphere of education, the time required for this learning, the qualifications of people ready for such learning, the abilities which qualify teachers to assist students, the availability of teachers, and the type of resources essential for required learnings. The designer understands financing and knows how to make the curriculum explicit so that costs of the activation of the curriculum may be readily computed.

The curriculum designer is necessarily versed in planning and in managing group endeavor. Designing a curriculum is a complex, intricate, time-consuming process which is necessarily done in stages. The accomplishment of each stage requires a variety of understandings and problem solving and practical abilities not found in any one person. This makes it essential for the curriculum designer to find persons who possess the requisite abilities and to give guidance and direction to their individual efforts.

The person who is selected to design a curriculum for the education of practical nurses should possess these qualities. This person also knows that the education of a practical nurse is for the limited practice of nursing, and that the time allocated for this education is limited. It is necessary that the designer of a curriculum for the education of practical nurses understand the full implications of these facts.

Stages of Curriculum Designing

Designing a curriculum is making a plan. It is the transforming of ideas about how to accomplish education for some sphere of intellectual and practical action into an effective design or plan for doing. Since all plans are necessarily made by the progressive development of ideas around the result to be achieved through the use of the plan, designing a curriculum is done in stages.

The stages of planning a curriculum include:

1. Determination and delimitation of the educational results to be achieved within a sphere or spheres of intellectual and practical action by persons who pursue the curriculum.
2. Identification of the types of learning necessary for the achievement of this educational result by individuals.
3. Identification of the facts and concepts which must be understood and the problem solving and practical abilities which must be developed.
4. Organization of these essential learning experiences into broad units or areas of learning, with establishment of the relationships between areas and relationships to the final educational result.
5. The development of each area of learning to the point necessary for effective utilization by the teacher in teaching and by the student in learning.
6. Establishment of the curriculum as an integral part of a larger educational plan whenever this is necessary.

It is readily seen that these stages represent progression in planning and that the first stage is basic to all. Unless subsequent stages have their foundation in the educational results to be achieved, the curriculum will be without the central ideas which give direction to the formation and development of the areas of learning of the curriculum.

The learning experiences selected as requisite for and equal to the student's achievement of the educational result of the curriculum are the bricks and mortar of the curriculum. The arrangement of learning experiences in relationship one to another, like the arrangement of the structural parts of a building, results in a particular form or pattern. They are identified and selected in light of the educational results desired, and arranged according to the nature of the learning experiences of the curriculum and the manner in which learning takes place within the individual.

The process of learning occurs in stages. In the first stage, the person becomes aware that something exists whether it is a fact of history, a machine, a person, or a scientific phenomenon; that it has specific operations or functions; that it has value; and that specific conditions affect its operations desirably or adversely. Then, the person is able to utilize what he knows in seeing relationships to present and past life experiences in light of the degree of awareness or knowledge attained. The last stage of learning relative to the same body of knowledge is the stage of practical utilization. In this stage, the knowledge already acquired and the ability to use this knowledge in seeing relationships are now used in learning to exercise the problem solving and practical action abilities necessary to accomplish a specific result or results using specific technologies, materials, and other resources as required. When learning relative to a specific matter proceeds through all stages, the result is the ability to use knowledge in problem solving and practical action. This is education.

Learning is facilitated when learning experiences are so selected and arranged that the focus is on the educational result to be achieved; confusion on part of the student is prevented; and the specific learning experiences are presented in such sequence that undue anticipation and fear will not be built up in students. The following criteria relative to arrangement of learning experiences are important:

1. Emphasize "knowing," that is, the development of the requisite awarenesses before emphasizing "learning ways to do" and "actual doing."
2. Relate each specific learning experience to the educational result to be achieved by the student.
3. Make each specific learning experience an integrated unity so that upon its completion the student can recognize that it is a foundation for a new learning.
4. Proceed from what is readily observable by a student to what is not observable or is of a less concrete nature.
5. Proceed from the relatively simple to the more complex.
6. Provide opportunities for students to talk about the awarenesses they have reached before proceeding to learning experiences relative to problem solving and practical action based upon these awarenesses.

The Parts of a Curriculum

A curriculum has three basic parts which result from the work of the first five stages of planning a curriculum. These include:

1. A descriptive statement of the educational results to be achieved, often called the statement of purpose or the objectives of the curriculum.
2. The basic design or pattern formed from the organization of the specific learning experiences of the curriculum into broad units or areas of learning and their placement in concurrent and sequential relationships.
3. The developed units or areas of learning.

These parts have specific practical value in guiding and directing the efforts of students who pursue the curriculum and in making plans for the activation or utilization of the curriculum.

Persons who do the work of curriculum designing must keep in mind at all times that a curriculum is a plan for action. It is a guide for the student in learning, and for the teacher in directing and teaching students, as well as a guide to persons with responsibility for the selection of students, teachers, and educational resources. It is also a guide for understanding the physical and social environmental conditions most conducive to the specific types of learning of the curriculum.

Since it is the individual student who is to achieve the educational results to which the curriculum is directed, the basic parts must be related to the students who pursue the curriculum. The student must be related both to the final educational result and to the learning experiences of each specific unit or area of the curriculum. It is essential that standards are developed as measures of the final educational achievement of students as well as standards of achievement for each specific area or unit of learning. These standards are formulated in terms of the action abilities to be developed by students in the field of endeavor to which the curriculum is directed. It is essential that these standards are recorded and made available for use by students who pursue the curriculum and by their teachers. The educational result of the curriculum and the standards of educational achievement of students are necessary guides for use in selecting students with requisite intellectual and practical abilities to pursue the curriculum. Examples of how standards of achievement may be formulated in terms of the action abilities to be attained by students are given below. These are standards of achievement for assisting people in accord with age, sex, and with commonly accepted health practices. Standards such as these should be of value in the development of Nursing Courses 1, 2, and 3 presented in chapter 8.

SOME EXAMPLES OF STANDARDS OF STUDENT ACHIEVEMENT

Part I—

Standards of Achievement in Assisting Adults

That degree of understanding and those problem solving and practical abilities which permit the student to develop the following:

1. Awareness of the responsibility of each adult person to understand personal requirements for daily living, to meet those needs for which he is physically and psychologically able, and to participate cooperatively with persons who assist him.
2. Awareness of the responsibility of each adult person to utilize simple and proven measures of healthful living which are beneficial in the establishment and maintenance of health and in the prevention of disease.
3. Awareness of the responsibility of each adult person to take reasonable precautions to prevent injury and resultant disability.
4. Awareness of the right of each adult person to know how other persons propose to assist him in event of disability; and his right to accept or to ask for changes in the assistance offered.
5. The ability to act in cooperation with an adult person to determine the person's habits and practices of daily living as a basis for providing assistance in self-care when assistance is required.
6. The ability to act in cooperation with adult persons in a family to determine the habits and practices of an adult family member who needs assistance in self-care, when the person who needs assistance is unable to cooperate.
7. The ability to assess the habits and practices of adults relative to personal care and daily living in light of requirements for healthful living.
8. The ability to identify grossly evident inabilities of adults relative to personal action; inabilities due to physical causes, to emotional state, or to inabilities to understand and to direct behavior.
9. The ability to secure factual information relative to an adult person's family status, family responsibilities, occupation, interests and religion when and to the degree that this information has a direct influence on giving assistance in personal care.
10. The ability to give explicit directions to adult persons so that the person can take action to accomplish a result within a given situation; the directions are given in light of any grossly evident inabilities in personal action.
11. The ability to act for adult persons relative to matters of self-care in accord with inabilities in personal action due to—
    a. lack of physical strength;
    b. impaired use of the body or its parts in personal action;
    c. mental confusion;
    d. apprehension and fear.
12. The ability to act in coordination with adult persons so that they can do for themselves to the degree permitted by their physical and psychological state.
13. The ability to help adult persons come to understandings of simple, proven measures of healthful living which are not presently practiced but are essential for the well-being of the person; as well as the ability to help these same persons develop the practical abilities required for the use of such measures in daily living.

Standards of Expertness to Be Attained in Assisting the Aged Adult

That degree of understanding and those problem solving and practical abilities which permit the student to assist the aged adult according to the standards established for helping adults and to make the modifications required because of—

a. weakness;

b. any impairments of organs of special sense;

c. inabilities of mental functioning, especially in regard to remembering, thinking through problems and initiating action.

Standards of Expertness to be Attained in Assisting the Adolescent

That degree of understanding and those problem solving and practical abilities which permit the student to assist the adolescent according to standards established for assisting adult persons, and to make the modifications required because of—

a. inabilities in personal action due to lack of understanding of the personal, family, and community aspects of daily living;

b. need for assistance in the continuing development of understanding and of the abilities requisite for self-direction of personal actions in daily living;

c. need for assistance in the continuing development of understandings and practical action abilities related to personal health and well-being.

Part II

Standards of Achievement in Infant and Child Care

That degree of understanding and those problem solving and practical abilities which permit the student—

1. To determine and meet the needs of infants and children related to feeding, elimination, bodily care, sleep and rest, physical activity and diversion in such a manner that the child is not subjected to the sensations arising from neglect of bodily needs and from the effects of solitariness.
2. To help the infant and child become increasingly aware of the physical environment and of the people who are continuously or periodically in contact with him.
3. To maintain a stable physical environment for the infant and child, introducing new aspects of the environment gradually, and introducing the child to a new environment in such a manner that the child feels he is not alone and is safe.

4. To introduce persons with whom the child is not familiar in such a manner that the child feels he is not alone and close to someone with whom he is familiar.

5. To care for the child in such a manner that the child gradually learns to focus attention on the thing done and the reason for it and gradually forgets self in his attention to the "doing."

6. To care for the infant and child in such a manner that the infant and child is subjected to sensations of a soothing character and not to those which arise from ungentle handling.

7. To speak to the infant and child as an individual person with a name, family status, and specific relationships to persons who care for him; as the child grows and develops, helping him become increasingly aware of himself as a person with family status, relationships to other people, and with responsibilities to his father and mother and to those who assist his father and mother in caring for him.

8. To talk, hold, and play with the child to elicit from him the pleasurable responses of the smile, of laughter, of contentment and of playful actions; and helping the infant and child become aware that he can act in response to and in unison with another, and can initiate activity directed to a person or to a thing that he can touch, or reach for, or handle.

9. To help the child develop the practical abilities needed to drink and to feed himself and gradually come to enjoy the pleasurable experience of meal time in the company of other persons.

10. To help the growing and developing child to develop the awareness and the practical abilities to seek help and then care for himself when there is need for elimination from bladder and bowels and to become aware that elimination is a necessary part of the personal living of people.

11. To help the child develop the awareness and the practical abilities requisite to participate in and then do for self in regard to care of skin and body orifices, mouth and teeth, sleep and rest; helping the child gradually come to understand that the body needs care in accord with conditions which result from internal bodily functions as well as from the activities and external conditions to which the child subjects his body.

12. To help the child gradually develop the awareness and the practical abilities requisite for the exercise of simple sanitary measures in personal care to protect others and to protect himself.

13. To help the child gradually develop that degree of awareness and those practical abilities necessary for the child to become self-directing when alone, with other children, and with adults.

14. To recognize when a child is experiencing unhappiness and helping the child express his feelings and talk about why he is unhappy.

15. To guide the growing and developing child to gradually develop awareness of the needs of other people and then to develop the practical abilities to do simple things for others.

16. To recognize when the infant or child exhibits the signs and symptoms which are usually indicative of illness in the infant and child; giving care in accord with signs and symptoms and securing medical assistance as indicated.
17. To engage in cooperative activities with the parents of infants and children in order to participate effectively with them in caring for an infant or in caring for and guiding the child.

Part III

Standards of Achievement in Assisting Male and Female Patients

That degree of understanding and those problem solving and practical abilities which permit the student to develop the following:

1. Awareness that the sex of the patient is indicative to a degree of his family status, personal responsibilities, and interests.
2. Awareness of the basic physical and emotional differences between men and women.
3. Awareness that the pattern of mental functioning of men and women differ in some respects.
4. Ability to identify the specific self-care needs of persons of each sex at various ages.
5. Ability to make the modification in personal care required because of the sex of the patient who is being assisted.

Part IV

Standards of Achievement in Assisting Patients in the Exercise of Practices to Attain and Maintain Personal Health

That degree of understanding and those problem solving and practical abilities which enable the nurse to assist the patient in the following health practices in accord with the patient's dependency state and personal:

A. PHYSICAL HEALTH—

1. Practices to maintain food and fluid intake in accord with qualitative and quantitative requirements arising from age, and constitutional characteristics of the person, from present endeavors, from general state of health, and from any extraordinary pressures of present daily living.

2. Practices to maintain and facilitate elimination from bladder and bowels, including the need to prevent bladder distention and stomach and bowel distention.
3. Practices which prevent fatigue; the ability to recognize the symptoms of mild, moderate, and severe fatigue and the practices equal to assisting the body to recover from various degrees of fatigue.
4. Practices which protect the person from accidental injury which may occur because of the environmental conditions of the patient.
5. Practices which prevent strain on the heart, and the circulatory system.
6. Practices which prevent strain on the digestive organs.
7. Practices to maintain the integrity and facilitate the functioning of—
   a. the skin and its appendages,
   b. the organs of special sense,
   c. the body as a functioning unity with movable parts,
   d. the teeth,
   e. the body orifices,
   f. the mucous membrane linings of body cavities exposed to the exterior.
8. Practices which prevent the entrance of germs into the body, where they may increase in number and spread themselves or spread poisonous substances which result from their activities to other parts of the body—
   a. handwashing after use of toilet,
   b. sanitary disposal of excreta and bodily "discharges", sanitary handling of utensils and equipment used to collect or dispose of excreta and discharges,
   c. keeping any "discharge" from the body orifices away from other people, off the hands, and off utensils which have been in contact with such discharges,
   d. handwashing before eating,
   e. handwashing before handling food, and as often as required during food handling,
   f. protecting food from extraneous materials,
   g. storing food under conditions which will prevent spoiling,
   h. purchasing food which is free from germs, which cause man to become ill (this requires understanding of the conditions which gives reasonable assurance that the food is free from such germs),
   i. food preparation to help insure freedom from harmful germs,
   j. using water for drinking which is free from those germs which may live in water and cause illness when taken into the body,
   k. extermination of mice and rodents and insects which carry harmful germs,
   l. exercise of precautions in handling animals which may be infected with disease producing germs which are transmissible to man,
   m. precautions relative to the use of common drinking facilities or equipment, bathing facilities, or the use of common towels or linens.

9. Practices which prevent the entrance of parasitic disease producing animals into the body—
    a. handwashing after use of toilet,
    b. keeping utensils or articles used to clean toilets away from eating or drinking utensils, and away from food and water,
    c. plumbing (water supply and waste disposal) adequate to prevent mixing of drinking water with water containing body wastes,
    d. protection of feet in localities where such parasites are commonly found in the soil,
    e. destroying insects which carry such parasites and protecting the body from the bites of the insects,
    f. proper cooking of animal food products which may contain such parasites.

B. MENTAL HEALTH—

1. The direction of the mental faculties to the realities of present day living, and to immediate personal responsibilities.
2. The direction of the mental faculties to seek factual information about self, other persons, the community, society and the "world" which will lead to understandings essential for personal, family and community well-being.
3. The direction of personal action to learn the arts of daily living which are essential to personal and family well-being.
4. The direction of personal action to learn to engage in specialized practical and intellectual endeavor for which the individual has aptitude and interest.
5. The direction of personal action to take reasonable precautions to attain and maintain physical health.
6. The direction of personal actions to securing financial resources sufficient to meet present and known major future responsibilities.
7. The direction of personal actions to learn to understand economical ways to meet the continuing responsibilities of daily living.
8. The direction of personal actions to develop continuously deeper understandings of self and of the realities of present day living.

C. EMOTIONAL HEALTH—

1. The direction of the mental faculties to recognize when a feeling or an emotional reaction is developing into a "feeling state."
2. The direction of the mental faculties to recognize when there is a consistently occurring feeling or emotional reaction when certain conditions prevail, and to determine why there is this "feeling" reaction.
3. The direction of personal actions to attaining and maintaining personal and family well-being rather than to the perpetuation of a feeling state.
4. The direction of personal actions to the fulfillment of personal responsibilities rather than to the indulging of passing fancies.

During the development of the third basic part of a curriculum, it is essential to delineate the teaching assistance and resources necessary to insure the successful pursuit of the curriculum by students. Before a curriculum can be effectively and economically activated, it is necessary that the following be developed: Description of the types of resources needed; standards for use in the selection of resources; standards for use in the selection of teachers for each area of learning; and descriptions of the amount and type of direction, guidance, and teaching assistance students will receive relative to specific learning experiences.

Other guides in the development of the curriculum include: Descriptions of the sequential relationships among the learning experiences, statements of the relationship of the desired educational results, the resources selected, and teaching assistance and guidance to each learning experience. These guides are sometimes called the program of studies.

Implications of the Field of Endeavor on Curriculum Design

Students pursuing a curriculum learn both within and outside the planned learning experiences of the curriculum. The term learning experiences as used in this publication means the planned experiences engaged in by each student who pursues a curriculum. In curriculum development, however, it is necessary to select those experiences for inclusion in the curriculum equal to the learning experiences essential for the accomplishment of the desired educational result. Each learning experience is selected to help achieve a specific result and selected in light of conditions which permit learning; this includes capacities and abilities pre-existing in the student.

The field of endeavor to which the curriculum is directed influences the selection of learning experiences in two ways. It determines the subject matter of the learning experiences as well as the stage where learning about a specific subject is to begin and to end, and the extent and depth of learning in each stage. The stages of learning as previously described include the stage of developing awarenesses, the stage of intellectual utilization, and the stage of utilization of knowledge in problem solving and practical action. The subject matter of education is as wide as the world. Subject matter, however, is either a part of organized bodies of related facts called sciences, or the arts which are systematized measures of action developed by man to accomplish results of value to himself and to others. The sciences are basic to the development of the arts, and the continued development of the sciences requires the use of the technologies of the various arts in order to discover new facts and relationships.

In designing a curriculum directed to education for the practice of an art, it is essential that the basic nature of the art be understood as well as the scope and depth of the scientific foundation of the art. The arts may be classified in various ways. From the standpoint of education preparatory for the practice of the art, a classification of the arts according to their general technologies is practical value. The general technology of an art tells both the general character of the means used in the practice of the art, and the general nature of the result. The following describes the arts according to major technology:

Arts According to Major Technology

THE CREATIVE ARTS concerned with conceiving ideas about *how to do something* with the subsequent recording of these ideas in various media.

THE INVENTIVE ARTS through which an idea about *how to do something* is translated into an original practical design or plan; tools, instruments, and materials may be used in making the design or in describing the plan.

THE RECORDING ARTS by which existent situations are recorded in whole or in part in an understandable form using various media as well as tools and instruments for recording.

THE PRODUCTIVE ARTS through which objects or materials or foodstuffs are made, raised or processed using tools, instruments, and base materials in accord with that which is produced and in accord with specific production techniques.

THE UTILIZING ARTS through which ideas, objects, foodstuffs, and other materials are used in some phase of living (including intellectual activity) in accord with their innate utility and their set conditions and limitations for use.

THE ASSISTING ARTS through which individuals are helped in a specific type of situation of need by giving directions, by doing things for or with the person, and when the person is able by helping him learn how to do for himself.

THE ADMINISTRATIVE ARTS through which people are guided to exercise individual endeavor in cooperation with the endeavor of various other persons to accomplish a defined and limited result requiring the efforts of more than one person.

Since nursing is an assisting art, situations of its practice are focused on individual persons and the technologies of nursing are means to assist a person in taking action. The assisting arts often require the utilization of the general as well as the specific technologies of all the other arts. The more limited the personal need to which the specific assisting art is directed, the more limited the specific technologies of the assisting art and the more limited the need to draw from other arts. Since nursing is directed to people with incapacities in self-care, its specific technologies are numerous and are drawn from all the arts beneficial to man in his daily living.

Chapter 7

Curricula for the Education of Practical Nurses

A CURRICULUM DIRECTED to the education of practical nurses is designed within three frameworks: (1) the legally established limits for the nursing activities of practical nurses within the individual States and Territories, (2) the two natural roles of the practical nurse in the occupation of nursing, and (3) the types of nursing situations where specifically qualified persons are able to learn to nurse and participate in nursing patients in one year of basic education for nursing practice. Designing a curriculum within these frameworks is a matter of factfinding and decision making. It is complicated by the necessity for attaining maximum learning relative to nursing and its practice from the selected educational experiences.

The provisions of the States and Territories relative to the objectives and education of practical nurses vary, but they are based upon the limited role of the practical nurse in the occupation of nursing. Suggestions relative to education in a field of endeavor for which licensure is required are of value when they can be utilized within the framework of existing statutes in the various States. The following concepts about curricula for the education of practical nurses are basic and therefore subject to modification and development. They are presented on the assumption that they can be utilized, modified, and developed and at the same time meet existing requirements established by the States for the education of practical nurses.

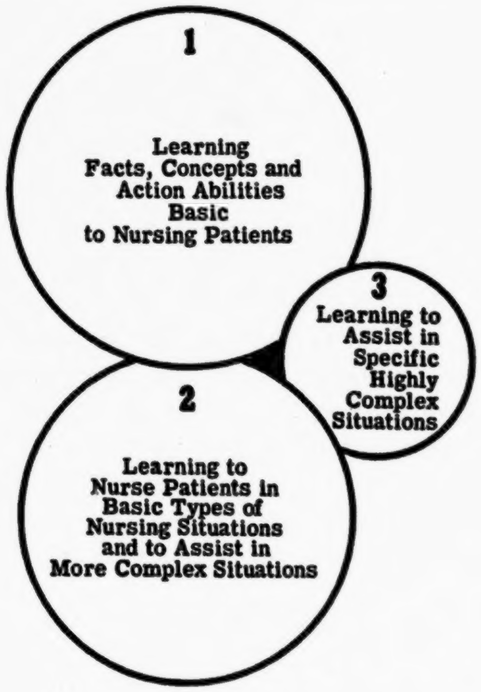
The Basic Intent and Design of a Curriculum

The basic intent of a curriculum for the education of practical nurses is the attainment of three educational results by students who pursue it. These are:

1. Understanding facts, concepts, and action abilities basic to nursing patients; and development of the problem solving and practical action abilities basic to nursing practice.
2. The ability to nurse patients in a range of types of nursing situations relatively free of scientific complexity; and the ability to function effectively in a range of more complex types of nursing situations as an assistant to a nurse qualified in complex nursing situations.
3. The ability to participate effectively in meeting the nursing requirements of patients in highly complex nursing situations which are likely to arise in the work experiences of practical nurses.

These educational results are necessarily accomplished in the sequence listed. The sequential pursuit of learning experiences directed to achieve these educational results forms three interlocking spheres of education which are shown in the illustration, *Learning Experiences in a Curriculum for Basic Preparation of Practical Nurses.* The first sphere of education is basic to the second and third, and the third is dependent both upon the first and the second.

LEARNING EXPERIENCES IN A CURRICULUM FOR
BASIC PREPARATION OF PRACTICAL NURSES


1
Learning Facts, Concepts and Action Abilities Basic to Nursing Patients
2
Learning to Nurse Patients in Basic Types of Nursing Situations and to Assist in More Complex Situations
3
Learning to Assist in Specific Highly Complex Situations

These three interlocking spheres of education form the basic design of any curriculum directed to the basic education of practical nurses. Both the intent of the curriculum and its basic design are in accord with the occupational limitations of practical nurses and prepare her for her two roles in nursing practice.

The First Sphere of Education of Practical Nurses

Basic to nursing and its practice are:—All the sciences concerned with man and his life as an individual and as a member of a family and of society; the arts which man has developed to make daily living more conducive to personal, family and community well-being; the arts and the sciences concerned with health, its nature and requirements, with deviations from health including their causes and effects, and with assistance required by people with health deviations. It is evident that the sciences and arts basic to nursing cannot be taught in their traditionally organized form in a program of education which lasts but one year. The problem is how can they be taught so that the student practical nurse will develop a solid foundation for nursing action without sacrificing scientific accuracy.

The selection of the learning experiences from the sciences and arts basic to nursing is directly related to the selection of the types of nursing situations to which the educational experiences of the student practical nurse will be directed. Decisions relative to scientific background absolutely limit the range of types of situations where the student may practice her two roles in nursing; and selections of types of nursing situations set absolute requirements for scientific background.

Since the facts and concepts and the action abilities from the arts and sciences basic to nursing are necessarily taught in their orientation to nursing and its practice, it is expedient to categorize them into groupings according to their relationship to nursing. The fundamental characteristics of nursing situations constitute a basis for the organization of facts, concepts, and action abilities basic to nursing. Nursing situations are situations of daily living of people of all ages who because of their state of personal health require continuing assistance in self-care. It is suggested that facts, concepts, and action abilities from the arts and sciences be organized into three major groupings: (1) The daily living of people of all ages; (2) the health of individuals; and (3) the arts utilized in daily living.

In situations where curricula are being designed, final decisions about the extent and depth of specific learning experiences in these areas should be made within a threefold framework that includes the agreed upon educational potential which all students must have, specific qualifications of teachers, and specific resources available for the educational experiences of students. Since the scientific background of the practical nurse is necessarily developed in application to types of nursing situations, it is best to first select the situations of nursing practice around which the educational experiences of the curriculum will center. Following this, final decisions about scientific background can be made.

The Second and Third Spheres of Education of Practical Nurses

Following the development of the basic foundation just described, the student practical nurse begins to learn her two roles in the occupation of nursing. (See chart illustrating the two roles of the practical nurse.) The learning experiences which constitute the second sphere of education of the practical nurse are centered around specific types of nursing situations. This is also true of the experiences of learning of the third spheres which are directed to selected highly complex nursing situations which the practical nurse is likely to encounter in her nursing endeavors. The facts, concepts, and action abilities basic to nursing and its practice learned in the first sphere of education are utilized in the second and third spheres of education.

The selection of types of nursing situations around which these learning experiences will be centered requires the utilization of standards and criteria of selection. Standards and criteria for selection are necessarily in accord with the basic requirements for education which is preparatory for nursing practice and with requirements for the basic preparatory education of practical nurses. (See chapters 3 and 4.) The following standards and criteria are suggestions for making selections of nursing situations:

Standards and Criteria for Selection of Nursing Situations

1. ***Situations selected for learning and developing expertness in the role of nurse are types of situations relatively free of scientific complexity.***

   These situations are characterized by—

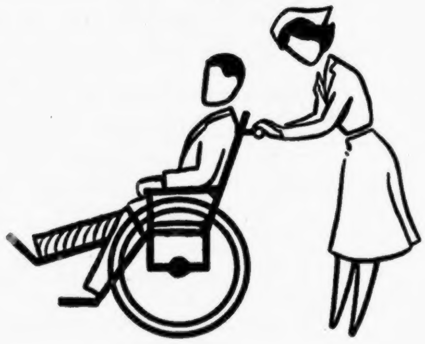
   High degree of stability of the health state of the patient.

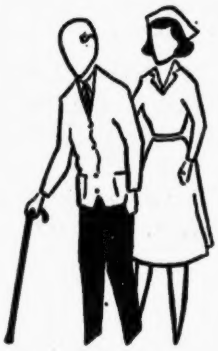
   Measures of personal care and measures of medical care ordered by the physician are not subject to continuous change because of the health state of the patient, or the behavior state of the patient.

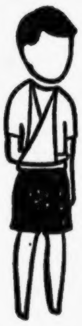
THE TWO ROLES OF THE PRACTICAL NURSE

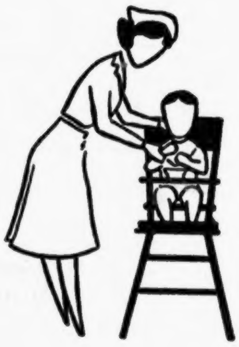
ROLE 1.

Nurse in Situations Relatively Free of Complexity



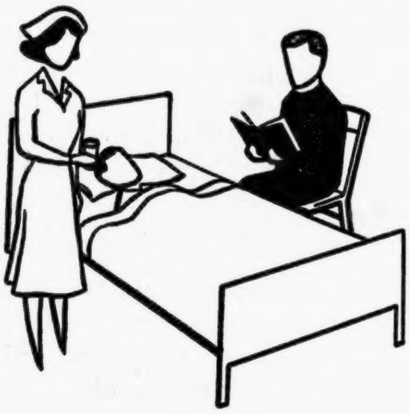


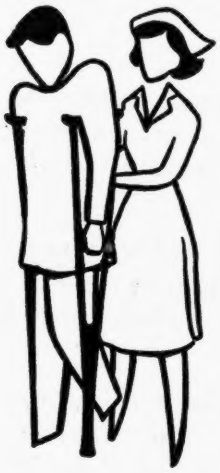


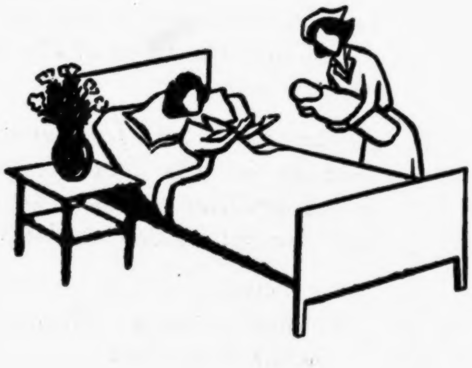


ROLE 2.

Practical Nurse - Assistant in More Complex Situations







Measures of personal care required by the patient are the same or are modifications of measures commonly used by people in self-care.

Measures directed to the patient's state of health do not require the application of detailed chemical and physical concepts relative to the technology of the measure including the materials and the equipment used.

Measures directed to the patient's state of health do not require detailed anatomical, physiological, or psychological knowledge for the safe and effective application of the measure or for determining the response of the patient to the measure.

The dependency state of the patient is not primarily of intellectual origin, and recovery is not primarily dependent upon the development of understandings and action abilities by the patient.

2. ***Situations selected for learning the role of practical nurse assistant to a nurse qualified in complex nursing situations are complex but not highly complex.***

The degree of complexity may be determined from—

The extent and depth of the continuing influence of the medical situation on the nursing situation and the degree of required integration of the actions of the patient's physician, and nurses.

The importance of nursing action to the life of the patient, to recovery, to maintenance of health, to the patient's learning of self-care measures, and to the psychological well-being of the patient.

The initial and continuing effect of measures of medical care on the patient's vital processes; and the requirements for taking detailed accounting of the vital functionings of the patient.

The depth and degree to which nursing action must supply a continuous supporting foundation for measures of medical care performed by the patient's physician.

3. ***Situations selected for learning experiences relative to both roles of the practical nurse provide for the development of the basic understanding and abilities to nurse patients of all ages, both male and female.***

4. ***Situations selected for learning experiences relative to both roles provide for experience in nursing patients in a range of physical and social situations of the community where patients presently require nursing.***

5. ***Situations selected for learning experiences relative to both roles provide for the development of the basic understanding and action abilities to nurse patients with physical health deviations and mental health deviations.***

These include:

Nursing patients suffering the constitutional effects of physical health deviations.

Nursing patients with physical health deviations with circumscribed effects.

Nursing patients in situations where disease or injury has resulted in inability or limited ability to use the body in personal actions.

Nursing patients with mental health deviations in situations where deep psychologcal understandings are not required to nurse the patient effectively.

Nursing patients with fatal illnesses.

Participating in meeting the nursing requirements of patients with grave conditions of physical and mental malfunctioning which are likely to be encountered by the practical nurse.

6. *Situations selected for learning experiences provide for the development of the basic understanding and action abilities required for nursing the newborn infant following stabilization of vital processes: for assisting mothers in care of their newborn infants when the mother has basic understanding and abilities in infant care; and for assisting the postpartum obstetrical patient when there are no complications.*

7. *Situations selected for learning experiences provide for the development of the basic understanding and action abilities necessary to assist patients in states of apparent health who are having a health determination made by their physician or by a number of physicians in a medical clinic.*

Choosing the types of nursing situations for inclusion in the curriculum according to the described standards and criteria requires the classification of nursing situations. Certain factors which characterize nursing situations have a high correlation with the four types of nursing requirements common to people who are in need of nursing. For example, there is a high degree of correlation between the amount and kind of assistance required by the patient in daily personal care and the degree and cause of the patient's dependency state. Some factors of a nursing situation which commonly affect the four types of nursing requirements of patients in a major way are: (1) the dependency state of the patient due to the patient's health state; (2) the age of the patient and the patient's understandings and abilities relative to daily living and personal health; (3) the major characteristics of the health deviation of the patient; and (4) the probable outcome of the patient's dependency state due to his health situation. These factors may be utilized to formulate categories of nursing situations to serve as tools in the selection of nursing situations.

Analysis of major variations in dependency states of patients should be useful in determining the variations in the kind and amount of assistance a patient will require in daily self-care, including attention to health state required because of age, as well as the technologies of value in assisting patient.

Table 7, *Nursing Situations by Major Characteristics of the Health Deviations of the Patient,* gives insight into the general nature of the personal needs of patients arising from health deviations and the general character of the medical measures requisite in the care of the patient. Physical health deviations with constitutional effects vary in cause, severity, course, duration, and outcome. They are alike in that the body as a whole is affected to a greater or lesser degree. It is the presence or absence of involvement of vital processes, the depth and extent of such involvement, the nature, degree and rapidity of change, and the probable outcome for the patient that determines in large part the nursing requirements of the patient. Health deviations with constitutional effects may result in inabilities to use the body in personal action or in impaired mental functioning. The nursing requirements of patients with health deviations with circumscribed effects arise primarily from any limiting effect of the deviation on personal action, and from self-care needs arising from the deviation itself and from the medical therapy instituted by the physician. Health deviations with circumscribed effects may change and the effects may extend to the body as a whole. The nursing requirements of patients with mental health deviations bear a direct relationship to the degree to which the patient is able to direct his behavior to rational ends and the patient's potential for recovery.

When surgical intervention is required relative to the treatment of a health deviation, the patient may suffer generalized as well as localized effects from the surgical procedure. The patient who has had surgery may also suffer generalized or localized effects from an anesthetic in accord with the nature of the anesthetic and the mode of its administration. The effects of the surgery, the effects resultant from the use of an anesthetic, as well as the effects of impairments of functioning or loss of structure determine the nursing requirements of patients who have had surgery.

Other categories of nursing situations include those where the patient's requirements for nursing arise primarily from specific needs to determine, maintain, and improve general health state and prevent specific health deviations. The degree of complexity of such situations is dependent upon the diagnostic measures required in the care of the patient and the need for patient learning.

Table 7.—Nursing Situations by Major Characteristics of Some Types of Health Deviations of the Patient

Physical health deviations with constitutional effects	Physical health deviations with circumscribed effects	Deviations of mental health
1. Vital processes are affected but there is potential for recovery or improvement: a. The patient's life is in balance pending establishment or reestablishment of vital processes. b. The patient's life is in balance because of acute, rapidly occurring and unfavorable changes in specific vital structures and processes; change is not necessarily irreversible. c. The patient's vital processes are impaired; pathological change is irreversible but not necessarily progressive; improvement is dependent upon medical control and upon effective participation of the patient in medical therapy including control of activities of daily living.	1. The disease process or the effects of an injury are confined to an extremity or to a localized area of the skin and its underlying tissues: a. There is danger that serious constitutional effects may ensue. b. There is danger that the disease process may result in a permanent structural or functional impairment. c. There is little probability of extension of disease process.	1. The mental health deviation is of such a nature that recovery depends upon the maintenance and improvement of physical health; and upon the patient's development of self-directing abilities to change his behavior so that he will strive to accomplish results of objective rather than imaginary value.

Table 7.—Nursing Situations by Major Characteristics of Some Types of Health Deviations of the Patient—Continued

Physical health deviations with constitutional effects—Continued	Physical health deviations with circumscribed effects—Continued	Deviations of mental health—Continued
1. Vital processes are affected but there is potential for recovery or improvement:—Continued d. Vital processes will be irreversibly impaired if medical control cannot be instituted and maintained; continued participation of the patient in medical therapy and/or in special self-care is required.		
2. The patient's vital processes are affected and there is no potential for recovery: a. Death is imminent because of progressive and irreversible impairments of vital processes. b. Vital processes are impaired and there will be continued and irreversibly pathological changes; death is remote.	2. The disease process is localized in an internal structure of the body: a. There is danger that serious constitutional effects may ensue. b. There is danger that the disease process may result in permanent structural or functional impairment. c. There is little probability of extension of disease process.	2. Situations where the behavior of the patient indicates the intention of self-destruction (ultilizing means of violence or less specific means); and situations where the behavior of the patient indicates the intention of destroying, harassing, or annoying others.

Table 7.—Nursing Situations by Major Characteristics of Some Types of Health Deviations of the Patient—Continued

Physical health deviations with constitutional effects—Continued	Physical health deviations with circumscribed effects—Continued	Deviations of mental health—Continued
3. The constitutional effects of the disease, although permanent, do not directly affect vital processes: a. Disease processes are subject to medical control. b. Disease processes are not subject to medical control; treatment directed to control of symptoms. c. There is a permanent structural loss and treatment is directed to resultant malfunctioning.		3. The mental health deviation is a result of an established organic illness. The patient is unable to care for self or needs continuous direction and guidance in self-care. Establishment of desirable personal care habits and practices of daily living may be possible.
4. The constitutional effects of the disease are transitory and the patient's vital processes will not be affected barring untoward events. Personal control of body activities and continued participation in specific medical therapy may be required until recovery is complete.		4. There is a state of mental incapacity resultant from conditions existing from or before the time of birth. Dependencies relative to self-care and daily living range from complete dependency to the need for a stable environment and education in accord with mental capacities.
5. The patient suffers from the malfunctions of aged persons.		

The obstetrical patient and the newborn infant also require nursing. Situations centered around both are complex. The degree of complexity is in accord with the obstetrical patient's general health state, her knowledge of self-care during pregnancy and labor and in the postpartum period, and her knowledge and abilities in regard to care of her infant; and in accord with the general health state of the infant and the degree of stabilization of the vital processes of the infant.

The use of these classifications of nursing situations in conjunction with the standards and criteria for selection previously listed should be of value in making judgments about the general degree of complexity of types of nursing situations. The use of such classifications and standards are essential if the learning experiences of the practical nurse are to be in accord with her limited roles in the occupation of nursing and with what is attainable educationally in one year of preparation for nursing.

Formulation of the Specific Educational Results and Design of a Curriculum

The basic intent and design of a curriculum for the education of practical nurses described above are merely guide lines. Each specific program of education established for the basic preparation of practical nurses requires more detailed guides if a curriculum equal to this education is to be developed and utilized effectively. The first of these detailed guides is a statement of the educational results to be achieved by student practical nurses. This descriptive statement is fundamental to both the design or pattern of the curriculum and to the development of each area of learning.

The Educational Results of the Curriculum

The educational results desired from the pursuit of a curriculum are most practically formulated in terms of the practical nurse's range of abilities in nursing practice following successful completion of the curriculum, and in terms of the nurse's potential for extending and deepening her roles in nursing patients. A satisfactory statement of the educational results of a curriculum includes descriptive statements of—

1. Basic types of nursing situations relatively free of scientific complexity where the practical nurse will develop a stated degree of expertness in the role of nurse.

2. Basic but more complex types of nursing situations where the practical nurse will develop a stated degree of expertness in the role of practical nurse assistant to nurses qualified to nurse in complex nursing situations.
3. Conditions of grave mental and physical malfunctioning for which the practical nurse will begin to develop understanding and action abilities sufficient to meet emergency situations and to participate with a qualified nurse and/or the physician in meeting the nursing requirements of patients with these conditions.
4. Extent and depth of understanding and abilities to be developed in nursing patients with illnesses which will terminate in death—nursing situations where the patient's death is imminent and situations where death is more remote.
5. The nurse's potential, following completion of the basic preparatory curriculum in nursing, to extend and deepen her role of "nurse" and her role of practical nurse assistant to a nurse qualified in complex nursing situations on the basis of the extent and depth of her scientific background for nursing practice.

The work of formulating the educational result of a curriculum requires (1) the specific selection of types of nursing situations around which to center the educational experiences of student practical nurses; and (2) making decisions about the extent and depth of the scientific background for nursing which the practical nurse is to develop. In one year, it is impossible to insure that a student practical nurse will learn to nurse patients when situations of nursing practice are selected solely on the basis of the specific disease entities of patients. The situations must be selected to insure that the practical nurse learn to nurse patients of all ages both male and female in light of their dependency state due to their health situation, their continuing needs for self-care arising from health state and specific health deviations; the results to which the physician directs medical measures and the medical technologies of the measures, as well as the patient's family status, culture, and physical and social environment. The situations selected must insure the development of basic understanding of disease and injury, as well as the development of the ability to make application of these basic concepts in understanding specific disease entities of patients to the degree required for effective nursing of individual patients. If the selection of nursing situations is wisely made and if the scientific foundation for nursing practice constitutes a sound basis for nursing action in the selected situations, the subsequent work of curriculum development can be accomplished effectively.

The following are suggestions about types of nursing situations around which to center the educational experiences of student practical nurses. These situations are selected in light of the general nature, extent, and depth of the nursing requirements of patients rather than on the basis of specific disease entities or clinical categories of patients. It would seem that all practical nurses should develop during their one year of basic preparation in nursing a relatively high degree of expertness in the following—

1. Nursing patients whose general state of health has been affected by the general malfunctioning of aging.
2. Nursing adult patients (including the aged patient) whose nursing requirements result from a circumscribed physical health deviation which conditions daily living and personal care in a relatively fixed manner.
3. Nursing infant and child patients with nursing requirements directly related to their nutritional state.
4. Nursing infant and child patients with circumscribed physical health deviations which condition personal care in a relatively fixed manner.
5. Nursing patients whose nursing requirements arise from a situation of health where the effects of illness have resulted in nutritional impairments, weaknesses, and other grave physical functional limitations, without any present impairment of vital functioning which is not under medical control.
6. Nursing patients whose nursing requirements result from a state of mental deficiency or from organically impaired mental functioning, who must be cared for or who require continuous guidance so that they perform the activities essential for self-care and daily living.

These are the most basic types of situations of nursing practice. It is from the development of expertness in nursing patients in these situations that a nurse becomes psychologically able to meet or participate in meeting nursing requirements of patients in more complex nursing situations. A curriculum which sets high standards of student achievement in ability to nurse patients in these situations gives students who pursue it a firm foundation for nursing practice.

It would also seem that in their one year of basic preparation that all practical nurses should develop beginning expertness in participating in nursing patients in nursing situations more complex than the five types just described. In the role of practical nurse assistant to a nurse qualified for complex situations the student practical nurse should attain a basis for developing expertness in the following:

1. Nursing patients whose nursing requirements arise from the constitutional effects and circumscribed effects of diseases presently under medical control, which require the patient's continuing participation in following the general and specific medical directions of the physician for continuing recovery from the effects of the disease

and in learning to substitute or compensate for lost or impaired functioning.

2. Nursing patients whose vital processes have been impaired by progressive and irreversible pathological changes; the patient's symptoms are presently under medical control and regressive change is not proceeding rapidly; nursing requirements relate to self-care and daily living as conditioned by specific structural and functional changes and to the continuing participation of the patient in following the general and specific medical directives of the physician.
3. Nursing patients whose nursing requirements relate to care required because of major surgical measures and their effects, excluding post-surgical patients with surgery on vital organs, extensive plastic surgery, extensive skin-grafting, orthopedic surgery involving joints, amputations of extremities, and other surgery with comparable effects.
4. Meeting the needs of the newborn infant once vital processes become stabilized following birth, and helping the newborn infant's mother meet the infant's needs in those situations where the mother has other children and has sound understanding and practical abilities in infant care.
5. Assisting these same mothers following childbirth to meet their own requirements for personal care in those instances where there are no health deviations complicating recovery from the effects of delivery.

When students are so qualified, and the learning experiences relative to the scientific background for nursing practice properly selected and organized, the basic preparation of student practical nurses should extend to the following:

1. Beginning development of the understanding and action abilities required for effective participation with a qualified nurse and/or the physician in assisting with the nursing of patients.
    a. With temporary impairments of consciousness resulting from the use of general anesthetics,
    b. Who are in a comatose condition from internally produced toxins,
    c. Who are in comatose condition from poisoning, from an external source,
    d. Who are unconscious as a result of the constitutional effects of disease, or injury,
    e. Who are in a state of delirium, or
    f. Who are experiencing a convulsive attack.
2. Beginning development of the understanding and the action abilities required for assisting a qualified nurse and/or the physician with nursing patients suffering from shock, hemorrhage, the after-effects of hemorrhage, and other commonly occurring emergency situations which the graduate practical nurse is apt to encounter.
3. Beginning development of the understanding and the action abilities required for assisting a qualified nurse in nursing patients with fatal

illnesses; experience desirably proceeds from assisting in the care of the aged or elderly patient who is dying, to the care of patients in younger age groups; experiences desirably include situations where the patient is dying as well as situations where death is not imminent.

4. Beginning development of the understanding and the action abilities required for assisting a qualified nurse in nursing patients who require measures of care for which detailed chemical or physical concepts must be coordinated with detailed knowledge of anatomical structure and physical functioning, for example, tidal drainage of bladder; these measures are best selected on the basis of those which are most commonly required by patients in the institutional situations where the practical nurse may be employed following completion of the curriculum.

The potential for extension and deepening of roles in nursing following completion of the basic preparatory program is limited by the specific learning experiences of the curriculum as well as by the individual nurse. The basic preparatory program in nursing may provide the student practical nurse with a foundation which permits only for developing continued expertness in nursing patients in the most basic types of nursing situations described, and for developing expertness in the role of practical nurse assistant in the more complex but still basic situations. On the other hand, it may provide the practical nurse with scientific background for nursing practice which makes it possible for the nurse to extend the role of nurse to some or all of the more complex but still basic nursing situations, and to develop expertness in assisting other nurses in specific types of highly complex nursing situations. On the basis of one year of education for nursing, it would not be possible for a practical nurse to develop a scientific background which would enable her to extend her "role of nurse" beyond the types of nursing situations described here as basic and relatively free of scientific complexity.

A Suggested Curriculum Pattern

The areas of learning of a curriculum are organized groups of learning experiences selected as equal to the student's attainment of the understandings and the problem solving and practical action abilities necessary for achieving the educational results of the curriculum. Areas of learning when developed in broad outline and placed in concurrent and sequential relationships constitute the general design of the curriculum. When this has been accomplished, each area of learning must undergo further development to the degree necessary for use by teachers and students, and to the degree necessary to select educational resources. The suggested curriculum pattern shown below makes the three spheres of education of practical nurses previously described more specific and incorporates the suggestions about types of nursing situations. This suggested pattern is the simplest of all patterns. When the areas of learning are soundly developed, it is a pattern conducive to maximum learning in nursing in instances where the time period allocated for education is limited.

A Suggested Curriculum Pattern

Area I. Learning to Nurse Patients

Section A. *Learning facts, concepts and action abilities basic to nursing patients*

1. Learning to develop an understanding of the art of nursing and its practice directed to persons of all ages.
2. Learning experiences to develop understanding of:—
   - a. Major aspects of the daily living of people of all ages.
   - b. Health of individuals.
   - c. The arts utilized by people in daily living.
3. Learning experiences to develop the problem solving and practical action abilities basic to assisting people in accord with their age and sex; learnings are directed to the personal care needs of people at various ages and to health requirements of people at various ages.

Section B. *Learning experiences to develop problem solving and practical action abilities required for determining and assessing the nursing requirements of individual patients and for meeting these nursing requirements.* These learning experiences are related to four basic types of nursing situations which build directly upon the learnings of section A.

1. Nursing patients suffering the malfunctioning of the aged.
2. Nursing patients (adults and aged patients) with physical health deviations with circumscribed effects.
3. Nursing infant and child patients with nutritional impairments.
4. Nursing infant and child patients with physical health deviations with circumscribed effects.

Section C. *Learning experiences to develop problem solving and practical action abilities required for determining and assessing the nursing requirements of individual patients with physical health deviations with constitutional effects; functional impairments are serious but are under medical control.* Situation selected for student learning should include the adult, the child, and the adolescent patient.

Section D. *Learning experiences to develop the problem solving and practical action abilities required for determining and assessing the nursing requirements of the individual patient in situations where the patient has impaired mental functioning from mental deficiency states or from organic impairments.* The situations selected for student experience should include patients who are adults, children, and adolescents.

Area II. Preparation for Effective Functioning in the Occupation of Nursing

Section A. *Developing expertness in nursing patients in the basic types of nursing situations of Area One with special attention to the effects of physical and social frameworks of individual situations of nursing practice.*

Section B. *Experiences directed to learning to nurse groups of patients within the same time period.*

Section C. *Learning experiences directed to effective functioning as a practical nurse in the occupation of nursing.*

Section D. *Learning the role of practical nurse assistant to nurses qualified in complex nursing situations.* Learning experiences are centered on:—

1. Situations where the patient's continuing participation in medical care is required, including the use of measures to substitute or compensate for lost or impaired functioning.
2. Situations where the patient's vital processes are impaired by progressive and irreversible pathological changes; symptoms are under medical control.

Area III. Continued Preparation for Effective Functioning in the Occupation of Nursing

Section A. *Developing beginning expertness in the role of practical nurse assistant to nurses qualified in complex nursing situations.* Learning experiences are directed to nursing situations of the same type as the situations utilized in Section D, Area II and to:—

1. Situations where patients have had major surgery, except on vital organs, etc.
2. Situations where newborn infants require care following stabilization of vital processes, also assisting mothers in the care of their infants when the mother has basic understandings and abilities in infant care.
3. Assisting these mothers in their own care when there are no postpartum complications.

Section B. *Developing basic understanding and action abilities in highly complex nursing situations likely to arise in the work experiences* *of practical nurses following completion of the curriculum.* Learning experiences should include:—

1. Assisting in the care of dying patients.
2. Assisting in the care of patients with impairments of consciousness.
3. Assisting in nursing patients with other selected conditions of grave physical malfunctioning.

These three areas of learning developed in the suggested curriculum are necessarily pursued in the sequence listed, since Area II builds upon Area I and Area III upon Area II.

Chapter 8

Development of the Areas of Learning of the Curriculum

THE DEVELOPMENT of each of the three areas of learning which together form the design or pattern of the curriculum is the most important phase of curriculum development. Without such development the educational results of the curriculum cannot be achieved. The work of development of the areas of learning is timeconsuming. It can be done most effectively by persons who have scientifically detailed knowledge of the subject matter within each area.

In developing the areas of learning suggested in the preceding chapter, four steps or stages of work are necessary: (1) identification of the central concepts within each area of learning; (2) relation of this central idea to the art of nursing and its practice; (3) the development of facts, concepts, and problem solving and practical abilities around these central ideas or concepts; and (4) the establishment of the detailed relationships between each developed area of learning. The final results desired from the development of each area of learning are the courses of instruction which teachers will use in teaching and guiding students. Courses of instruction represent the ways selected to present specific learning experiences to students. Once the educational result and the basic design are established, different individuals may proceed with the development of areas of learning, provided these persons have no major differences in their beliefs about nursing and about education. However, in the last stage, it is necessary that cooperative work be completed so that learning experiences of each area will be related effectively to every other area. Consultation between individuals is desirable as the work of development of the areas of learning proceeds.

Developing the First Area:
Learning To Nurse Patients

The first area of learning is the foundation unit of the curriculum. Through the successful completion of the learning experiences of this area, the student practical nurse qualifies herself for continued learning directed to nursing patients. The pursuit of the specific learning experiences of this area leads to the gradual development of the understanding and action abilities basic to the nursing of patients. The development of each section of this area of learning will be considered. Section A, outlined on page 93, will be discussed here in detail to demonstrate one method of development of an area of learning of a curriculum.

Preliminary Development of Section A

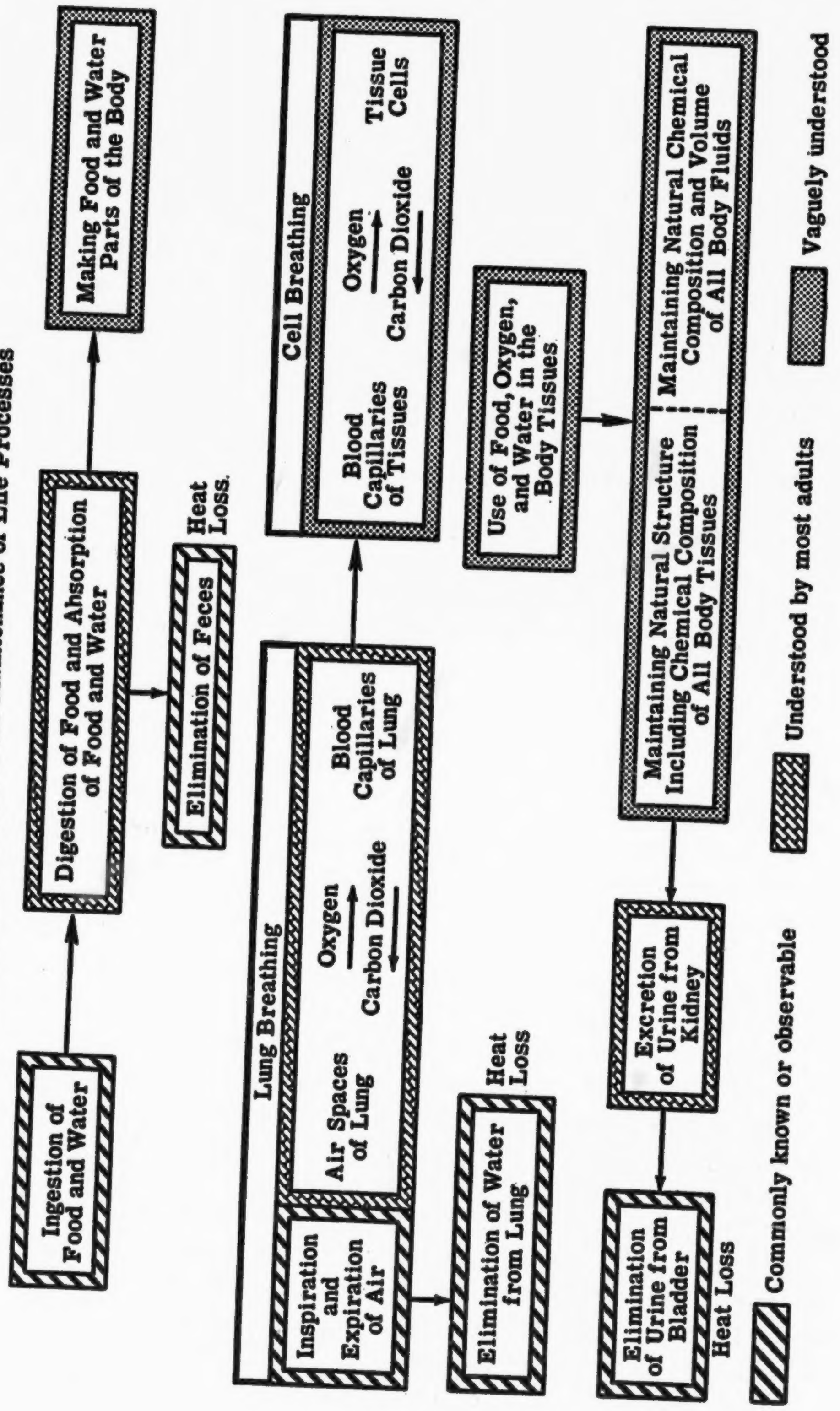
The three parts of section A focus on the most basic understanding and action abilities required in the nursing of patients. The learning experiences of this section center on: (1) the development of an understanding of the individual as a person, a member of a family, and of the community; (2) understanding the art of nursing and its practice; and (3) development of the ability to use this understanding in the beginning development of the action abilities required to nurse patients.

The development of section A is a matter of identification of facts, concepts, and action abilities required for the accomplishment of the results to which it is directed. All the educational experiences of student practical nurses should be centered on nursing, and their educational experiences should proceed from what is presently known to the unknown and from the simple to the more complex. It is important that this section establish a basis for the student's development of understanding why people require nursing, the nature of the nursing requirements of people, and the general technologies of nursing the individual patient, as well as a basis for understanding the measures equal to meeting the requirements of people for nursing.

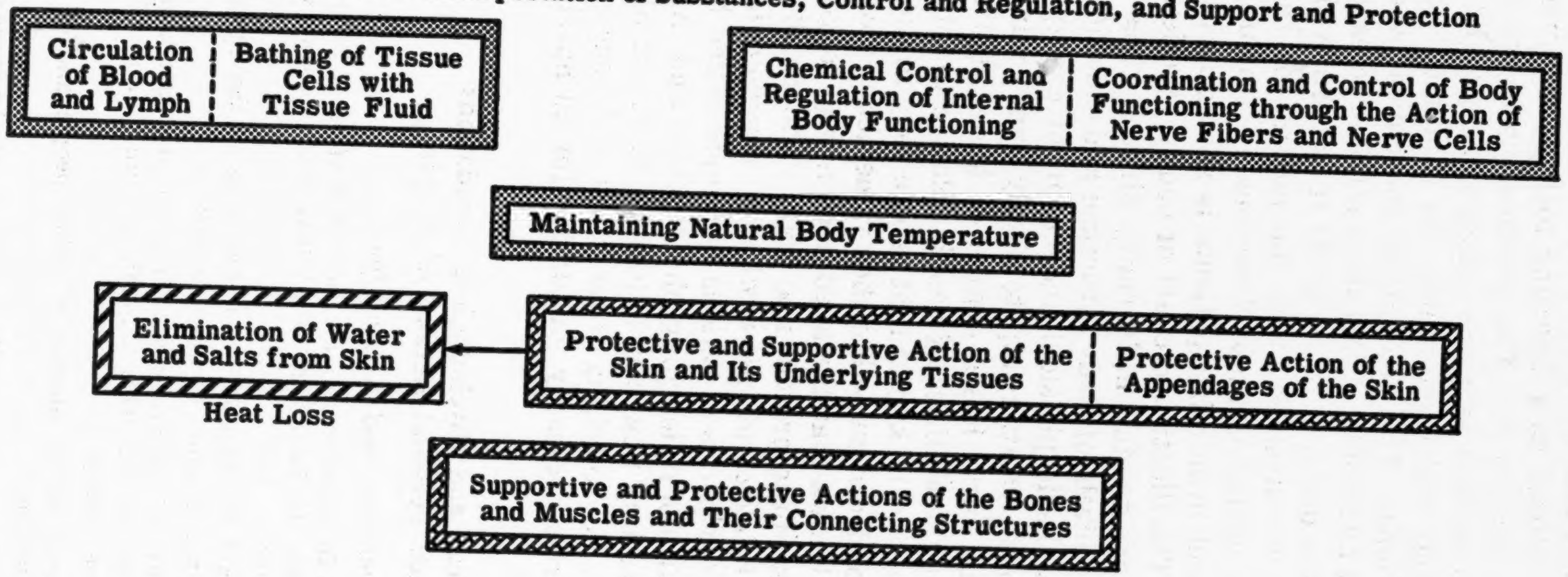
The student practical nurse already has some basic understanding of bodily functions. For example, every student practical nurse has some knowledge of the bodily functions of ingestion of food and water, of elimination from the various excretory channels of the body, of spontaneous and undirected occurrence of the inspiration of air into the lung, and of its expiration from the lung. Too, every student has some degree of awareness of internal bodily functioning. A study of the illustration, *Functions*

FUNCTIONS OF THE BODY ESSENTIAL FOR LIFE AND HEALTH

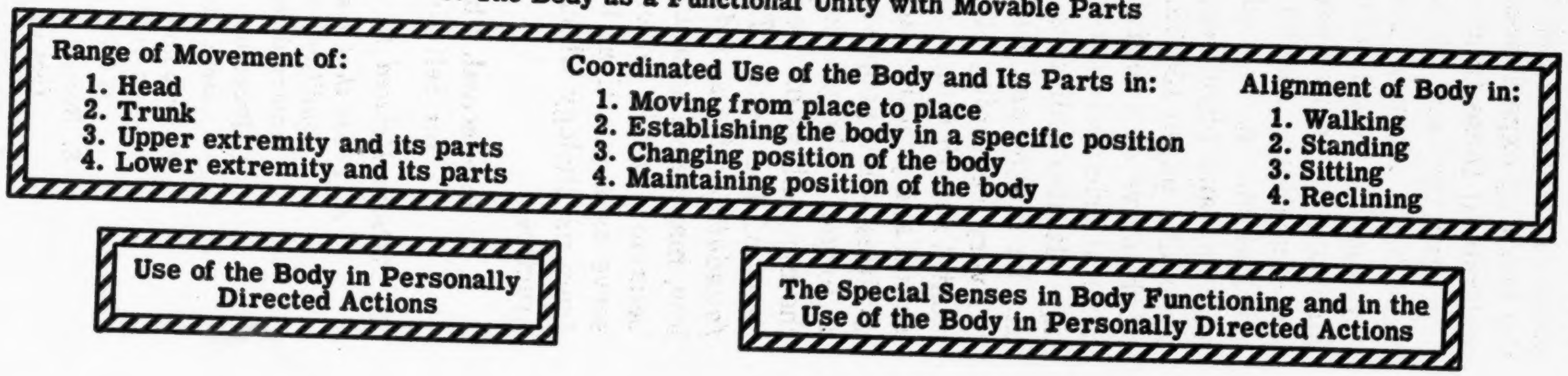
1. Functions Directed to the Maintenance of Life Processes


Ingestion of Food and Water
Digestion of Food and Absorption of Food and Water
Making Food and Water Parts of the Body
Elimination of Feces
Heat Loss.
Lung Breathing
Inspiration and Expiration of Air
Air Spaces of Lung
Oxygen
Carbon Dioxide
Blood Capillaries of Lung
Cell Breathing
Blood Capillaries of Tissues
Oxygen
Carbon Dioxide
Tissue Cells
Elimination of Water from Lung
Heat Loss
Use of Food, Oxygen, and Water in the Body Tissues
Maintaining Natural Structure Including Chemical Composition of All Body Tissues
Maintaining Natural Chemical Composition and Volume of All Body Fluids
Excretion of Urine from Kidney
Elimination of Urine from Bladder
Heat Loss
Commonly known or observable
Understood by most adults
Vaguely understood

2. Functions Directed to Transportation of Substances, Control and Regulation, and Support and Protection


Circulation of Blood and Lymph
Bathing of Tissue Cells with Tissue Fluid
Chemical Control and Regulation of Internal Body Functioning
Coordination and Control of Body Functioning through the Action of Nerve Fibers and Nerve Cells
Maintaining Natural Body Temperature
Elimination of Water and Salts from Skin
Heat Loss
Protective and Supportive Action of the Skin and Its Underlying Tissues
Protective Action of the Appendages of the Skin
Supportive and Protective Actions of the Bones and Muscles and Their Connecting Structures

3. The Body as a Functional Unity with Movable Parts


Range of Movement of:
1. Head
2. Trunk
3. Upper extremity and its parts
4. Lower extremity and its parts
Coordinated Use of the Body and Its Parts in:
1. Moving from place to place
2. Establishing the body in a specific position
3. Changing position of the body
4. Maintaining position of the body
Alignment of Body in:
1. Walking
2. Standing
3. Sitting
4. Reclining
Use of the Body in Personally Directed Actions
The Special Senses in Body Functioning and in the Use of the Body in Personally Directed Actions

of the Body Essential for Life and Health, will indicate how basic physical functions may be utilized as a directing tool for defining the learning experiences of section A. The practical nurse must understand these functions as well as more detailed facts of human structure and physiology which enter into the fulfillment of these basic physical functions. The amount of anatomical and physiological detail (extent and depth of learnings relative to each function) to be learned is a decision to be made in accord with the educational results to be attained from the pursuit of the curriculum. A method of utilizing these functions in teaching anatomy and physiology and in nursing patients is shown in the appendix, pages 155-58. The illustrated chart of bodily functions might serve as a useful guide to student learning, since it gives a general orientation to the details of body structure and functioning. It also indicates how basic physical and chemical concepts can be taught and learned in relationship to bodily functioning.

Every beginning student nurse has a degree of knowledge of mental functioning, and of the abilities of people relative to intellectual and practical actions. She knows that people vary in their abilities—that people make decisions—that they remember as well as forget. She probably knows that the aged person who forgets the happenings of the immediate present may have vivid recollections of the past. *The intellectual, physical, and psychological foundations for self-directed personal actions of people,* listed below, may serve as a useful tool in learning about people and their behavior, and in understanding how people learn. It should also serve as a practical basis for teaching those facts and concepts from psychology which are a necessary foundation for all nursing practice.

Intellectual, Physical, and Psychological Foundations for Self-directed Personal Actions of People

I. Actions Related to Awareness and Knowledge

A. Those that result in awareness of the environment or of internal conditions within the individual which take place without voluntary direction:

1. Becoming aware of the conditions prevailing in the environment from the internal feelings experienced.
2. Becoming aware of the presence of a person, an object, or of an environmental condition through the functioning of the special sense organs.
3. Becoming aware of the absence of other people and of the fact of "aloneness."
4. Becoming aware of the major characteristics of the immediate physical and social environment.

5. Experiencing an emotional reaction to a specific happening or because an expected happening did not occur.
6. Becoming aware of the "passage" of time.

B. *Those related to the acquisition and utilization of knowledge:*
   1. Searching out facts.
   2. Seeing relationships.
   3. Understanding values.
   4. Retaining knowledge.
   5. Recalling.
   6. Comparing characteristics.
   7. Comparing values.
   8. Visualizing possibilities.
   9. Making judgments.
   10. Making decisions.
   11. Understanding ways of arriving at answers to questions and problems related to specifics.
   12. Understanding ways of proceeding to accomplish specific types of practical results.
   13. Development of the problem solving and related practical action abilities needed to answer specific types of problems presently subject to solution.
   14. Development of the practical action and related problem solving abilities needed to accomplish a specific practical result presently attainable through the use of specific technologies.
   15. Recognition of the existence of problems requiring solution and of the factors that condition their solution.
   16. Recognition of the presence of a need to accomplish a specific type of practical result and of the conditions surrounding its accomplishment.

II. *Voluntary Use and Control of the Body and the Focusing of Mental Activities to Accomplish—*
   A. Specific intellectual results.
   B. Specific practical results related to self or others, or to the environment.

III. *Voluntary, Partial Control of Those Internal Bodily Functions Subject to Such Control.*

The personal and social activities of the daily living of people is a third desirable point of departure for selecting and organizing the learning experiences of section A. The student practical nurse is already familiar with these activities as well as with the fact that they vary with age, sex, and family status of the person and with other individual characteristics and interests. These activities already described, are listed below. They constitute the basis for relating the resources and environmental conditions of daily living to the bodily and psychological activities of the individual.

Personal and Social Activities of Daily Living

I. *The Personal Aspects of Daily Living*
   - A. Eating and taking fluids.
   - B. Engaging in sleep and rest and in diversion.
   - C. Engaging in practical and intellectual activities of current special interest.
   - D. Physical care of the body.
   - E. Use of clothing.

II. *The Social Aspects of Daily Living*
   - A. Participation in family life.
   - B. Fulfillment of family responsibilities.
   - C. Participation in occupational activities or in the activities of school life.
   - D. Participation in religious activities.
   - E. Pursuit of current special interests relative to the family or community.

A suggested organization of the learning experiences of section A into spheres of education is shown in the illustration, *A Suggested Design for Learning to Nurse Patients.* The central sphere of education, "The Art of Nursing and Its Practice" is shown in relationship to people of all ages and in relationship to three other spheres of education. These spheres, *Daily Living of People of All Ages, The Arts of Daily Living,* and *Health of Individuals* constitute the foundation for nursing action. The last two spheres shown in this suggested design for section A are directed to basic action abilities in nursing: "Assisting a Person in Personal Self-care in Accord With Age and Sex," and "Assisting a Person in Meeting Daily Requirements for Attention to Personal Health." Those abilities are basic to all other action abilities in nursing. Learning experiences relative to development of these abilities introduce the student practical nurse to the two major stages of nursing the patient, namely, determining the nursing requirements of the patient, and nursing the patient in accord with these requirements.

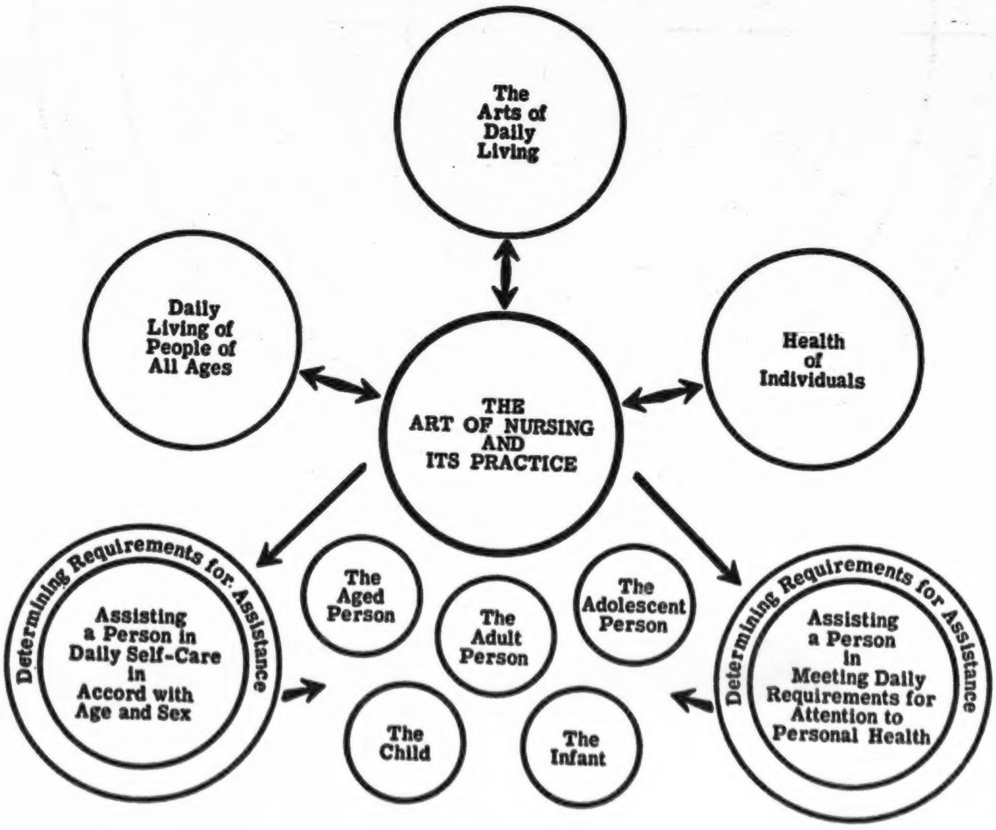
The next step in the development of the three spheres of education which constitute a foundation for nursing action and of the central sphere, the art of nursing and its practice, is the analysis and subsequent classification of the facts, concepts, and action abilities within these four spheres. The result of one method of classification is outlined as follows:

I. Learnings Which Constitute a Foundation for Nursing Action
  A. *Daily living of people of all ages*
    1. The framework for daily living
    2. Basic requirements of daily living
  B. *The Arts utilized in daily living*
    1. Arts directed to the individual
    2. Arts directed to the resources and conditions of daily living
  C. *Health of Individuals*
    1. The concept of health and requirements for healthful living
    2. Healthful living of the individual
II. The Art of Nursing and Its Practice

Some details are shown in the seven illustrations that follow and whose titles are shown in the above outline. The facts, concepts, and action abilities presented in these illustrations constitute a basis for the further development of section A. They point up types of learning experiences as well as the need for decision making relative to the extent and depth to which each type of learning is to be developed.

A SUGGESTED DESIGN FOR LEARNING TO NURSE PATIENTS

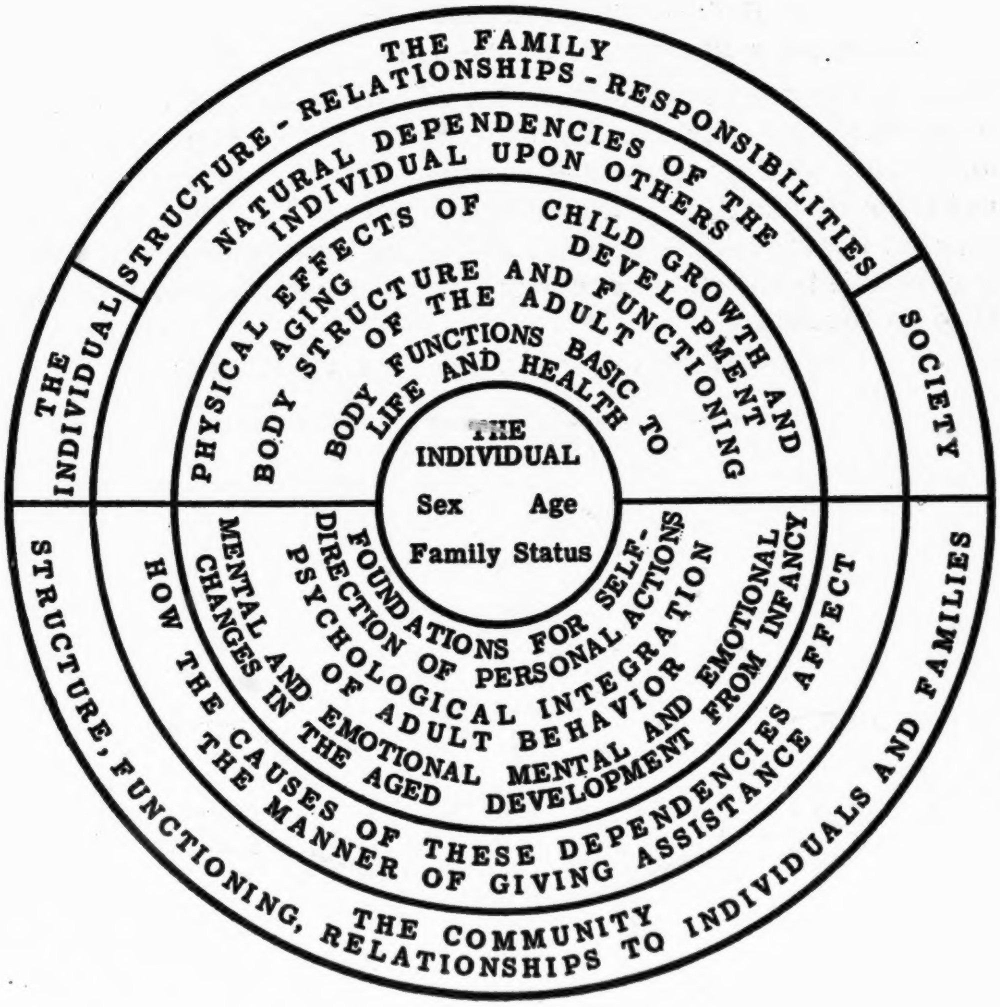
Learning Facts, Concepts and Action Abilities Basic to Nursing
Learnings Basic to Nursing Patients


The Arts of Daily Living
Daily Living of People of All Ages
Health of Individuals
THE ART OF NURSING AND ITS PRACTICE
Determining Requirements for Assistance
Assisting a Person in Daily Self-Care in Accord with Age and Sex
The Aged Person
The Adult Person
The Adolescent Person
The Child
The Infant
Determining Requirements for Assistance
Assisting a Person in Meeting Daily Requirements for Attention to Personal Health

LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

DAILY LIVING OF PEOPLE OF ALL AGES

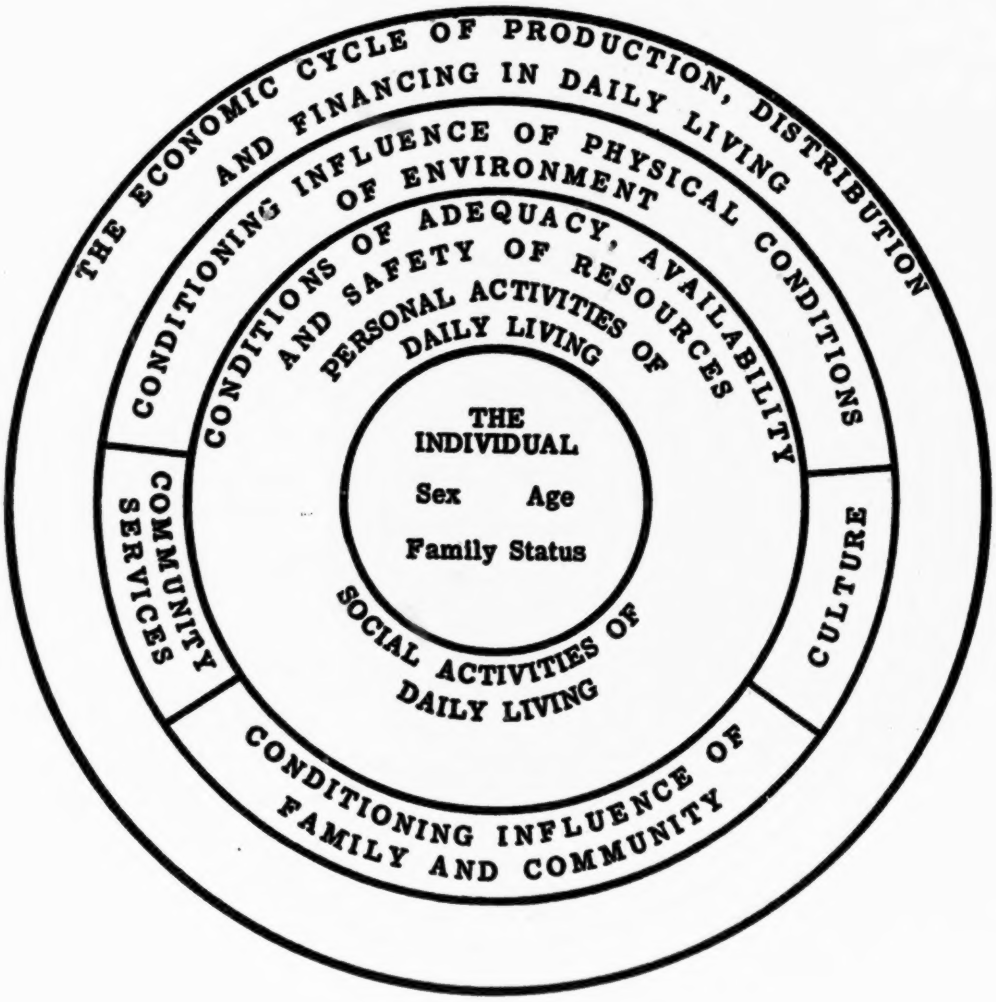
1. The Framework for Daily Living


THE FAMILY
STRUCTURE - RELATIONSHIPS - RESPONSIBILITIES
THE INDIVIDUAL
SOCIETY
NATURAL DEPENDENCIES OF THE INDIVIDUAL UPON OTHERS
PHYSICAL EFFECTS OF AGING
CHILD GROWTH AND DEVELOPMENT
BODY STRUCTURE AND FUNCTIONING OF THE ADULT
BODY FUNCTIONS BASIC TO LIFE AND HEALTH
THE INDIVIDUAL
Sex
Age
Family Status
FOUNDATIONS FOR SELF-DIRECTION OF PERSONAL ACTIONS
PSYCHOLOGICAL INTEGRATION OF ADULT BEHAVIOR
MENTAL AND EMOTIONAL CHANGES IN THE AGED
MENTAL AND EMOTIONAL DEVELOPMENT FROM INFANCY
HOW THE CAUSES OF THESE DEPENDENCIES AFFECT THE MANNER OF GIVING ASSISTANCE
STRUCTURE, FUNCTIONING, RELATIONSHIPS TO INDIVIDUALS AND FAMILIES
THE COMMUNITY

LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

DAILY LIVING OF PEOPLE OF ALL AGES

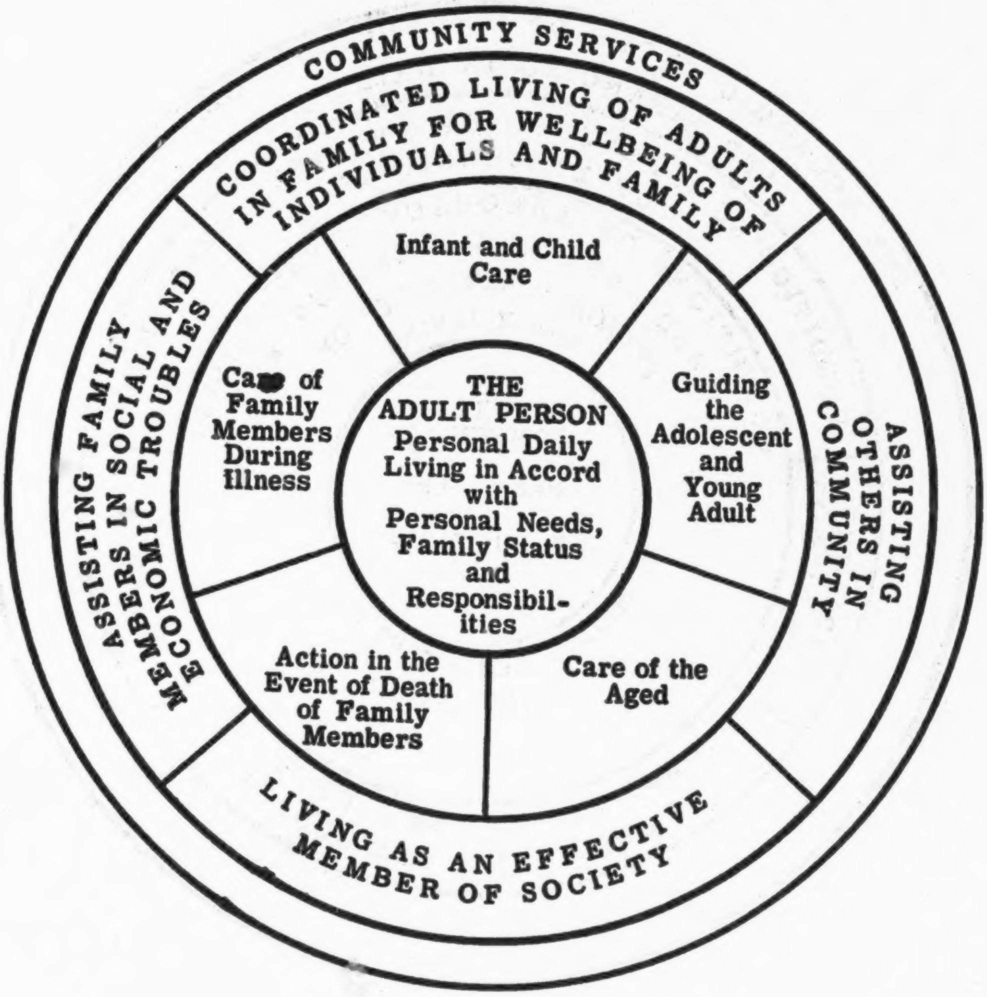
2. Basic Requirements of Daily Living


THE ECONOMIC CYCLE OF PRODUCTION, DISTRIBUTION AND FINANCING IN DAILY LIVING
CONDITIONING INFLUENCE OF PHYSICAL CONDITIONS OF ENVIRONMENT
CONDITIONS OF ADEQUACY, AVAILABILITY AND SAFETY OF RESOURCES
PERSONAL ACTIVITIES OF DAILY LIVING
THE INDIVIDUAL
Sex
Age
Family Status
SOCIAL ACTIVITIES OF DAILY LIVING
COMMUNITY SERVICES
CULTURE
CONDITIONING INFLUENCE OF FAMILY AND COMMUNITY

LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

THE ARTS UTILIZED IN DAILY LIVING

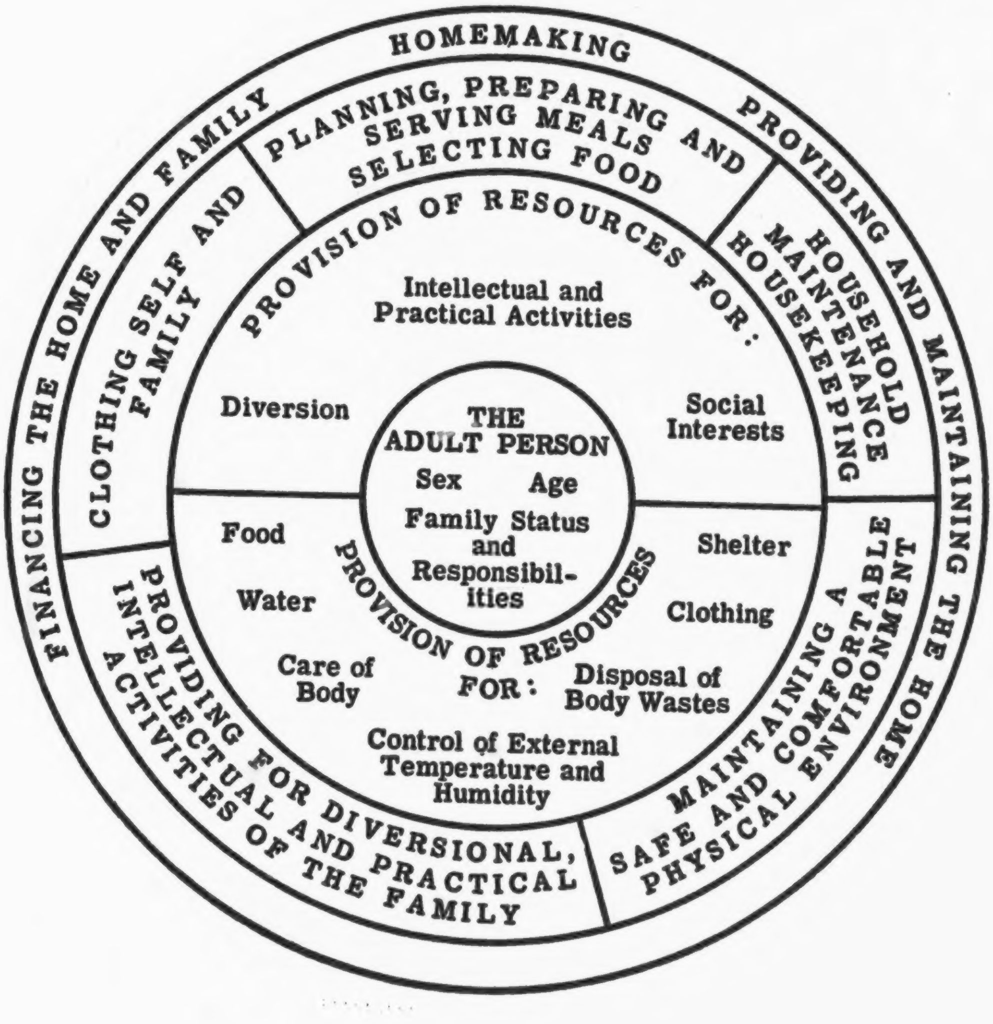
1. Arts Directed to the Individual


COMMUNITY SERVICES
COORDINATED LIVING OF ADULTS IN FAMILY FOR WELLBEING OF INDIVIDUALS AND FAMILY
Infant and Child Care
Guiding the Adolescent and Young Adult
ASSISTING OTHERS IN COMMUNITY
Care of the Aged
LIVING AS AN EFFECTIVE MEMBER OF SOCIETY
Action in the Event of Death of Family Members
ASSISTING FAMILY MEMBERS IN SOCIAL AND ECONOMIC TROUBLES
Ca[illegible] of Family Members During Illness
THE ADULT PERSON
Personal Daily Living in Accord with Personal Needs, Family Status and Responsibilities

LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

THE ARTS UTILIZED IN DAILY LIVING

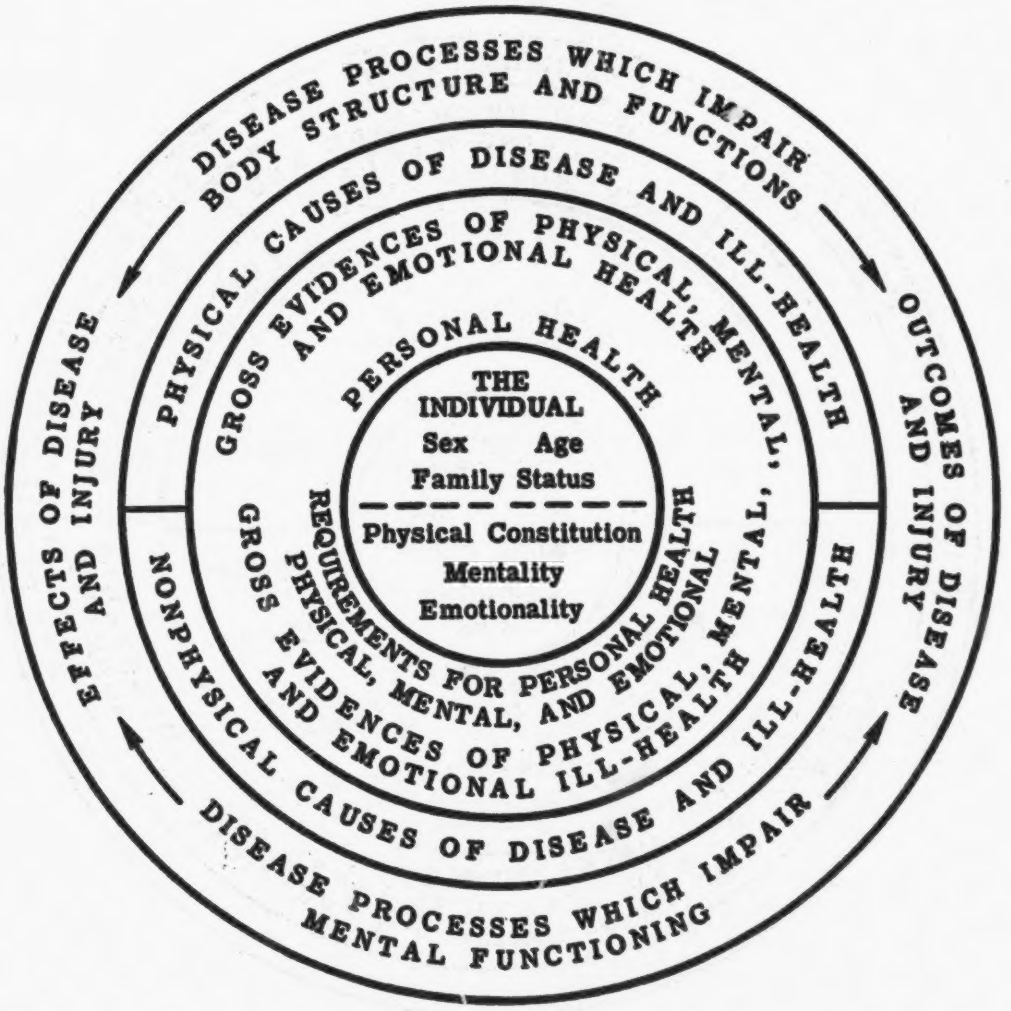
2. Arts Directed to the Resources and Environmental Conditions of Daily Living


HOMEMAKING
PROVIDING AND MAINTAINING THE HOME
FINANCING THE HOME AND FAMILY
PLANNING, PREPARING AND SERVING MEALS SELECTING FOOD
HOUSEHOLD MAINTENANCE HOUSEKEEPING
MAINTAINING A SAFE AND COMFORTABLE PHYSICAL ENVIRONMENT
PROVIDING FOR DIVERSIONAL, INTELLECTUAL AND PRACTICAL ACTIVITIES OF THE FAMILY
CLOTHING SELF AND FAMILY
PROVISION OF RESOURCES FOR:
Intellectual and Practical Activities
Diversion
Social Interests
THE ADULT PERSON
Sex
Age
Family Status and Responsibilities
Food
Water
Care of Body
Shelter
Clothing
Disposal of Body Wastes
Control of External Temperature and Humidity
PROVISION OF RESOURCES FOR:

LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

HEALTH OF INDIVIDUALS

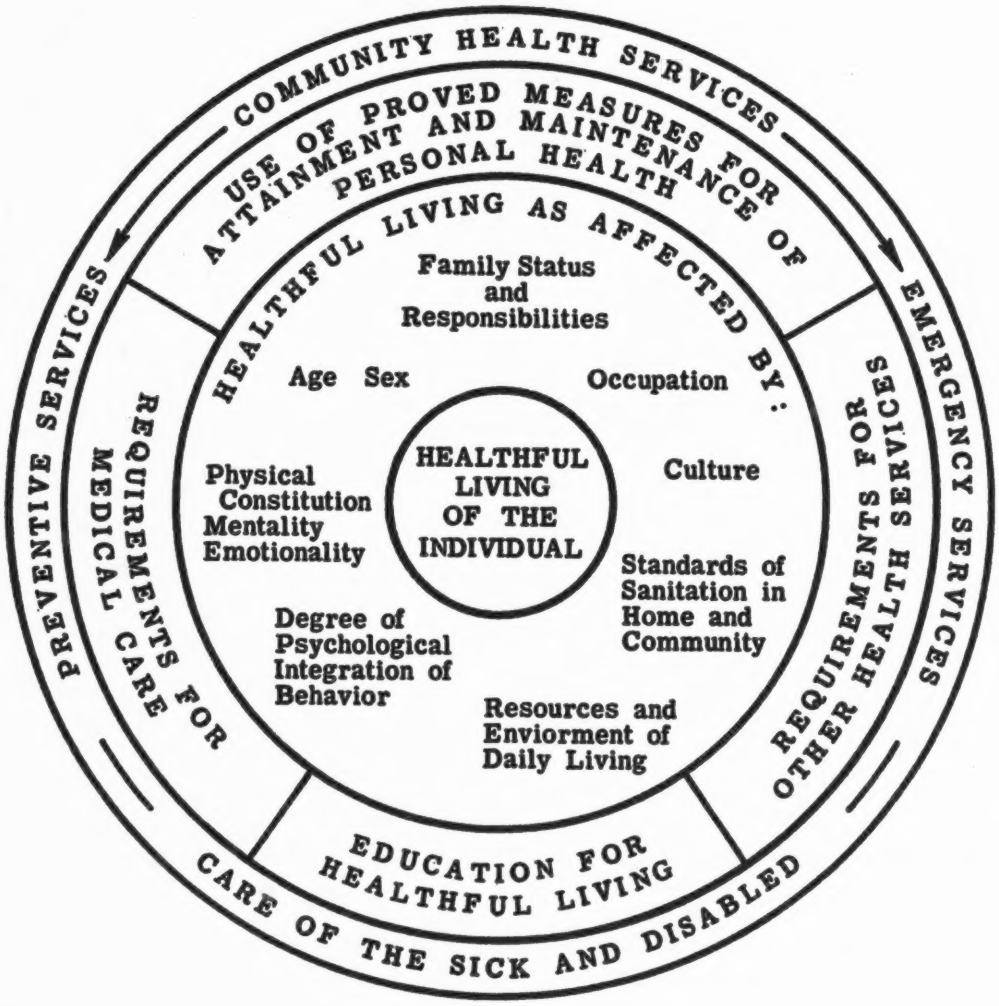
1. The Concept of Health and Requirements for Healthful Living


DISEASE PROCESSES WHICH IMPAIR BODY STRUCTURE AND FUNCTIONS
OUTCOMES OF DISEASE AND INJURY
DISEASE PROCESSES WHICH IMPAIR MENTAL FUNCTIONING
EFFECTS OF DISEASE AND INJURY
PHYSICAL CAUSES OF DISEASE AND ILL-HEALTH
NONPHYSICAL CAUSES OF DISEASE AND ILL-HEALTH
GROSS EVIDENCES OF PHYSICAL, MENTAL, AND EMOTIONAL HEALTH
GROSS EVIDENCES OF PHYSICAL, MENTAL, AND EMOTIONAL ILL-HEALTH
PERSONAL HEALTH
REQUIREMENTS FOR PERSONAL HEALTH PHYSICAL, MENTAL, AND EMOTIONAL
THE INDIVIDUAL
Sex
Age
Family Status
Physical Constitution
Mentality
Emotionality

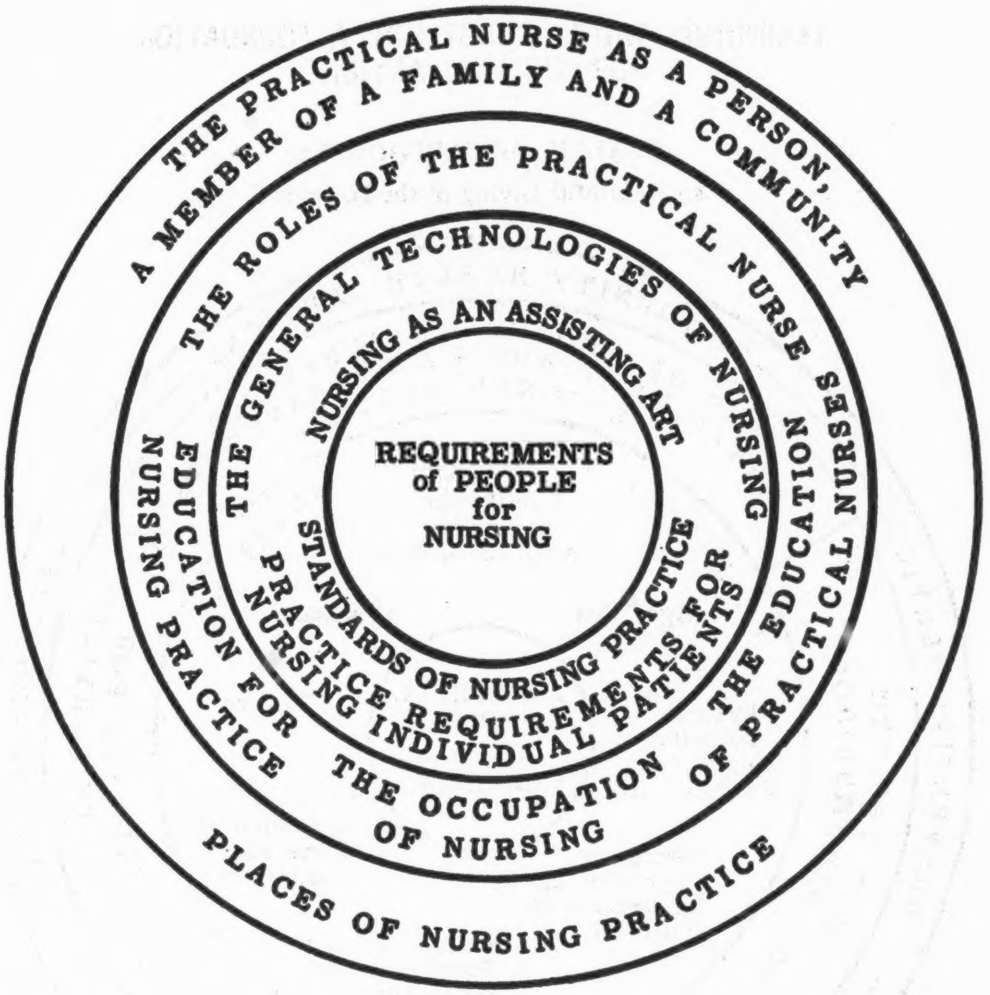
LEARNINGS WHICH CONSTITUTE A FOUNDATION FOR NURSING ACTION

HEALTH OF INDIVIDUALS

2. Healthful Living of the Individual


COMMUNITY HEALTH SERVICES
EMERGENCY SERVICES
CARE OF THE SICK AND DISABLED
PREVENTIVE SERVICES
USE OF PROVED MEASURES FOR ATTAINMENT AND MAINTENANCE OF PERSONAL HEALTH
REQUIREMENTS FOR OTHER HEALTH SERVICES
EDUCATION FOR HEALTHFUL LIVING
REQUIREMENTS FOR MEDICAL CARE
HEALTHFUL LIVING AS AFFECTED BY:
Family Status and Responsibilities
Age
Sex
Occupation
Physical Constitution
Mentality
Emotionality
Culture
Standards of Sanitation in Home and Community
Degree of Psychological Integration of Behavior
Resources and Enviorment of Daily Living
HEALTHFUL LIVING OF THE INDIVIDUAL

THE ART OF NURSING AND ITS PRACTICE


THE PRACTICAL NURSE AS A PERSON,
A MEMBER OF A FAMILY AND A COMMUNITY
THE ROLES OF THE PRACTICAL NURSE
THE GENERAL TECHNOLOGIES OF NURSING
NURSING AS AN ASSISTING ART
REQUIREMENTS of PEOPLE for NURSING
STANDARDS OF NURSING PRACTICE
PRACTICE REQUIREMENTS FOR NURSING INDIVIDUAL PATIENTS
THE EDUCATION OF PRACTICAL NURSES
THE OCCUPATION OF NURSING
EDUCATION FOR NURSING PRACTICE
PLACES OF NURSING PRACTICE

Further Development of Section A of the First Area of Learning

The detailed development and interrelation of the facts, concepts, and action abilities in these spheres of education just illustrated is a matter requiring guide lines for the decisions which must be made. These decisions relate to the depth and extent of the various learnings in each sphere and to the selection of the way in which the learning experiences of each sphere are to be arranged. The spheres of education of section A form logical configurations of the types of learning experiences directed to the daily living of people and to the art of nursing and its practice. It is essential that each teacher of nursing have these firmly in mind for they help to give meaning and direction to the maze of specifics which enter into education for nursing.

Delimitation of the extent and depth of learning and the arrangement of learning experiences into meaningful and efficiently organized courses of instruction require standards as well as factual information in light of which decisions will be made. Since standards indicate the factual information required to apply the standard, only standards of value in making the above decisions are suggested here. Two standards for making decisions about delimitation of extent and depth of learning are suggested: (1) Learning experiences should be equal to and desirably should exceed the extent and depth of knowledge about the same subject matter prevailing in that segment of the population of the community which has had the advantage of a secondary school education; and (2) all learnings should be of such extent and depth that they form a solid foundation for the nursing action included in the educational result of the curriculum.

The use of these standards requires that each person who participates in the development of the areas of learning know prevailing levels of knowledge in the community as well as the level of teaching about these subject matter areas in the secondary school of the community. Their use also requires that decisions have been made about types of situations of nursing practice in which the practical nurse is preparing to function.

Two standards are also suggested as a basis for decision making relative to the development of courses of instruction: (1) Courses of instruction are desirably developed from facts, concepts, and action abilities in the various spheres of education directly interrelated and not just related through nursing; for example, courses of instruction developed around factual information or action abilities which are parts of the same science or art, or directly interrelated sciences and arts; and (2) courses of instruction are desirably developed so that the specific learning included in the beginning courses of instruction are a foundation for subsequent learning.

The development of courses of instruction from the spheres of education in the suggested design of section A may be accomplished in various ways. One way of development is suggested. Four basic courses of instruction can be developed from the three spheres of education, *The Daily Living of People of All Ages, Health of Individuals,* and the *Arts Utilized in Daily Living.* The following suggested titles indicate the nature of the subject matter and the general intent of the course.

Foundation Course 1 ----**The Functions and Activities of Individuals Basic to Life and to Every Aspect of Daily Living**

Foundation Course 2 ----**The Foundations for Healthful Living as an Individual, a Member of the Family, and the Community**

Foundation Course 3 ----**The Art of Daily Living as Related to People of All Ages**

Foundation Course 4 ----**Diseases, Injuries, and Disabilities and Their Effects on Functions and Activities Basic to Life, Health, and Daily Living**

In addition to these four courses composed of facts, concepts, and action abilities which form a foundation for nursing, two nursing courses are suggested. The proposed titles for these courses are:

NURSING COURSE 1------**Nursing as an Assisting Art Directed to People of All Ages**

NURSING COURSE 2------**Nursing as an Assisting Art Which Requires for Its Practice Both Problem Solving and Practical Actions**

Brief outlines of the subject matter of the learning experiences suggested for inclusion in these courses are shown on subsequent pages.

The three points of departure for developing Foundation Course 1 have been previously described, namely, *The Body Functions Essential for Life and Health; Intellectual, Physical, and Psychological Foundations for Self-directed Personal Actions of People;* and *Personal and Social Activities of Daily Living*. Some fundamental concepts of value in teaching and learning anatomy and physiology within Foundation Course 1 are given in the appendix, page 162-65. The descriptive materials in chapter 5 related to the concept of personal health and the requirements for physical, mental, and emotional health may be utilized to give direction to the development of Foundation Course 2.

Foundation Course 3, *The Art of Daily Living as Related to People of All Ages,* builds upon the learning experiences of Foundation Course 1. Some standards of student achievement in the care of patients according to age and sex and standards for assisting patients in the exercises of health practices, as outlined in chapter 6, may be of value in the development of this course.

Foundation Course 1.—
The Functions and Activities of Individuals Basic to Life and to Every Aspect of Daily Living

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The Individual
Age—Sex

- **Bodily Functions Essential for Life and Health**
  - **Body structure and functions of adults**
    - **Physical effects of aging**
    - **Child growth and development**
- **Foundations for Self-direction of Personal Actions**
  - **Psychological integration of behavior of adults**
    - **Mental and emotional changes in the aged**
    - **Mental and emotional development from infancy to adulthood**

Activities of daily living as affected by age and sex

- **Personal**
  - **Basic resources and environmental conditions**
- **Social**
  - **Basic resources and environmental conditions**

Dependencies of the individual upon others in the activities of daily living

How the cause of the dependency affects the manner of giving assistance

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Foundation Course 2.—
The Foundations for Healthful Living as an Individual, a Member of the Family, and the Community

- **THE INDIVIDUAL**
  - Age—Sex
  - Family status
  - Community status
  - Culture
  - **The Family**
    - Structure
    - Relationships
    - Responsibilities
    - **The Concept of Personal Health of the Individual**
      - **Physical aspects of health**
        - **Physical constitution of the individual**
          - **Requirements for physical health**
      - **Mental aspects of health**
        - **The mentality of the individual**
          - **Requirements for mental health**
      - **Emotional aspects of health**
        - **The emotionality of the individual**
          - **Requirements for emotional health**
            - **Conditions of adequacy, availability and safety of resources and of environmental conditions of daily living**
              - **Conditioning influence of family**
              - **Conditioning influence of the community**
  - **The Community**
    - Structure
    - Functioning
    - Relationship to Individuals and Families
    - **The Concept of the Individual as a Member of Society, a Specific Community, and Specific Community Groups**
      - **The effect of family and community status on the personal and social activities of daily living of the individual**
        - **The relationship to personal health of the individual**

Gross evidence of physical, mental and emotional health state of individuals by age, sex, and family status Gross evidence of physical, mental, and emotional ill health in individuals by age, sex, and family status Health situations of the individual:— Apparent Health State which may precede ill health— Predisposition to disease Exposure to specific causative agents of disease Known presence of causative agents or factors of disease in the person States of ill health States of disability Situations where special assistance is needed because of body changes and emotional states which may occur during the phases of growth and development, with marrriage, with childbearing, and with aging	Major indicators of the culture of the individual Effect of the individual's culture on personal health Types of culture patterns of individuals

Foundation Course 3.—
The Art of Daily Living as Related to People of all Ages

- **THE INDIVIDUAL**
  - **Age—Sex**
  - **Family status**
  - **Community status**
  - **Culture**
  - **General state of personal health**
  - **Resources of daily living**
  - **Environmental conditions of daily living**
- **The Concept of Daily Living As An Art Leading To Personal And Family Well-being**
- **Responsibilities of Adult Family Members**
  - **Directed to individuals**
    - **Personal living in accord with personal needs, family status, and responsibilities**
    - **Coordinated living of adults in family for well-being of each individual family member and the family as a whole**
      - **Infant and child care**
      - **Guiding the adolescent and the young adult**
      - **Care of the aged**
      - **Care of family members during illness**
        - **Assisting family members in event of social and economic troubles**
        - **Acting in the event of death of family members**
        - **Assisting other persons in the community in need of personal assistance**
  - **Directed to resources**
    - **Provision of the resources required for daily living of self and family**
    - **Establishing and maintaining the environmental conditions required for daily living**
      - **Effective utilization of resources**
      - **Conservation of resources**
      - **The economic cycle of production, distribution, and financing**
- **Education for daily living**
- **Education for personal and family well-being**
- **Utilization of proven measures conducive to the attainment and maintenance of personal health**

Foundation Course 4.—
Diseases, Injuries, and Disabilities and Their Effects on Functions, and Activities Basic to Life, Health, and Daily Living

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THE INDIVIDUAL
- Age—Sex
- Family status
- Community status
- Culture
- General state of personal health
- Resources of daily living
- Environmental conditions of daily living
- Existent health deviations

Types of Possible Deviations From Natural Physical Structure and Function
- Causes of physical health deviations
- Disease processes as related to physical structure and function

Effects of physical health deviations on:—
- Body tissues
- The internal functioning of the body
- The use of the body in personal actions
- Mental functioning

Range of variations in the dependency states of patients due to disease, injury and physical disability

Range of outcomes of the dependency states of patients

Types of Possible Deviations in Self-direction of Behavior
- Causes of deviations of mental and emotional health
- Disease processes as related to mental functioning

Effects of mental and emotional health deviations on:—
- Psychological integration of behavior
- Learning
- Self-direction
- Physical health

Range of variations in the dependency states of patients due to mental and emotional health deviations

Range of outcomes of the dependency states of patients

Requirements of people for nursing
The general technologies of nursing

Requirements of people for medical care
Major types of medical measures by result desired by the physician, and by the technology of the measure

Nursing Course 1.—
Nursing as an Assisting Art Directed to People of All Ages

THE DAILY LIVING OF PATIENTS **Age—Sex** **Family status and responsibilities** **Habits** **Culture** **Behavior** **General health state**	**Requirements of People for Nursing and the General Technologies of Nursing**	**Dependency state of the patient due to the health situation** **Age of the patient and requirements for healthful living** **Major characteristics of the health deviation or deviations of the patient and the medical care received** **Probable outcome of the patient's dependency state**	**The daily living of patients**	**Types of nursing activities required by the patient in daily living** **Selection of the technologies of nursing** **The patient's activities** **Activities of members of the patient's family** **Activities of the patient's physician** **Activities of others assisting the patient**

3

The Roles of the Practical Nurse in the Occupation of Nursing

- Types of nursing situations for role of nurse
- Types of nursing situations for role of "practical nurse assistant to" a nurse qualified for complex nursing situations

The standards of nursing and nursing practice.

Practice requirements for nursing the individual patient related to:—Place of nursing; time of nursing; the quantitative and qualitative aspects of the patient's nursing requirements.

Present developmental state of the art of nursing
The occupation of nursing
Education for nursing practice
The education of practical nurses

Places of nursing practice

The Practical nurse as a person, a member of a family and a community

Nursing Course 2.—
The Problem Solving and Practical Actions Basic to Nursing Patients

LEARNING THE SCOPE AND THE CHARACTERISTICS OF THE PROBLEM SOLVING ACTIONS BASIC TO NURSING PATIENTS	Initial Determination That a Person Has Requirements for Nursing Establishing the Practice Requirements for Nursing the Patient The specific and detailed identification and assessment of the nursing requirements of the patient— a. initially b. on a continuing basis	Effective utilization of resources Conservation of resources Cooperative activity with patient, the patient's family, the physician, and others assisting the patient
LEARNING THE SCOPE AND THE CHARACTERISTICS OF THE PRACTICAL ACTIONS BASIC TO NURSING PATIENTS	Meeting the identified nursing requirements of the patient for: 1. Daily requirements for food and water; care of skin, body orifices, mouth and teeth; for diversion; for practical and intellectual activities; 2. Daily healthful living; 3. Attention to personal needs resultant from the health deviation; 4. Following the specific medical orders of the physician.	

EXPERIENCE IN THE EXERCISE OF SELECTED PROBLEM SOLVING AND PRACTICAL ACTIONS

Action Area A		Action Area B
1. Learning to determine and assess the requirements of a person for assistance in meeting self-care needs in accord with age and sex.	The adult The aged person The aging person The infant The child	1. Learning to determine and assess the requirements of a person for assistance in meeting daily requirements for attention to personal health.
2. Learning how to assist a person in accord with existent requirements.	The adolescent	2. Learning how to assist a person in meeting daily requirements for attention to personal health.

Foundation Course 4, *Diseases, Injuries, and Disabilities and their Effects on Functions and Activities Basic to Life, Health and Daily Living,* builds upon the learning of Foundation Course 1. The methods utilized in teaching anatomy and physiology, and in teaching fundamental concepts relative to behavior should provide a practical basis for teaching directed to health deviations and their effects. The tables and descriptive materials relative to health deviations in chapter 5 as well as the outlines below, *Some Types of Deviations From Natural Physical Structure and Function* and *Some Types of Deviations of People in the Self-direction of Behavior,* may aid in the development of the learnings of Foundation Course 4. Foundation Course 4 provides a basis for understanding the specific requirements of people for nursing and for the selection of the general technologies of nursing. The course also provides a foundation for learning the requirements of people for medical care, shown in the outline plan below under the heading, *A Listing of the Major Types of Requirements of People for Medical Assistance From Their Physician.* For understanding measures of medical care, see the list below, *Types of Measures Utilized by the Physician in the Medical Care of the Patient;* part 1 contains a list of medical measures by type of result desired, *Some Measures Directed to Treatment, Rehabilitation, and Prevention,* part 2, *Some Measures Directed to Diagnosis.*

Some Types of Deviations from Natural Physical Structure and Function

Structural Deviations

1. Break in the continuity of tissues.
2. Interference with the structural relationship of one part of the body to the other, for example:
    a. functional passageways between organs;
    b. blood supply to an organ or part of the body;
    c. nerve supply to an organ or part of the body;
    d. one part of an extremity to other parts;
    e. the extremity to the body as a whole.
3. Change in natural tissue structure, including qualitative or quantitative changes in blood or lymph.
4. Change in quantity of fluid between the body cells and in the tissue spaces.
5. Change in the form of an organ or a part of the body.
6. Unnatural placement of organs and parts of the body.
7. Unnatural formations of organs and parts of the body.
8. Unnatural number of organs or parts of the body.
9. Absence of an organ or a part of the body.

10. Excessive growth of cells natural to the body.
11. Excessive growth of cells unnatural to the body.

Functional Deviations

1. Strain on a function.
2. Impairment of a function evidenced by hyperfunctioning or hypofunctioning.
3. Impairment of a function evidenced by periodic cessation of function.
4. Absence of a function due to absence of a body structure.
5. Permanent cessation of a function.

Some Types of Deviations of People in the Self-direction of Behavior

1. Awareness of the immediate external environment limited by—
    a. impairment or loss of one or more of the special senses;
    b. impairments of consciousness;
    c. lack of understanding;
    d. excessive preoccupation with self or personal endeavor;
    e. apathy.
2. Awareness of internal bodily conditions limited by—
    a. impaired consciousness;
    b. lack of understanding;
    c. excessive preoccupation with self or personal endeavors;
    d. apathy.
3. Concern with the physical environment to the exclusion of other matters which require attention.
4. Concern with the internal functioning of the body and the care of the body to the exclusion of other matters which require attention.
5. Concern with the activities of selected individuals to the exclusion of other matters which require attention.
6. Failure to use the mental faculties in acquiring and increasing knowledge of self, others, and the "world."
7. Failure to direct personal actions to the fulfillment of personal responsibilities.
8. Failure to develop the action abilities necessary for daily living, and for personal, family, and community well-being.
9. Failure to use feelings and emotions as "guides" to the development of insight in regard to self and others; and the use of the emotions as a sole basis for action.
10. Suppressing and disregarding feelings and emotional reactions.

A Listing of the Major Types of Requirements of People for Medical Assistance from Their Physician

1. Requirements for a determination of general health state including presence of or freedom from specific health deviations.

2. Requirements for the determination of the nature, causes, effects, and probable course of existent health deviations; and for establishment of their probable outcome and duration.
3. Therapy directed to the cure or alleviation of a specific health deviation in accord with its nature, causes, effects, and probable course, as well as in accord with conditioning factors arising from the patient and his environmental situation.
4. Preventive therapy when so indicated because of known or probable exposure to specific causative agents of disease, or because of predisposition or specific conditions of daily living related to environment, personal endeavors, or family conditions.
5. Rehabilitative therapy to substitute or compensate for lost or impaired functioning and to assist the person to live each day as effectively as possible in accord with his physical capacities and his self-directing abilities.
6. Guidance relative to specific health practices and to habits of daily living as indicated by specific health state, by existent health deviations, and by the person's present practices and beliefs relative to health and daily living.

TYPES OF MEASURES UTILIZED BY THE PHYSICIAN IN THE MEDICAL CARE OF A PATIENT

Part I

Some Measures Directed to Treatment, Rehabilitation, and Prevention

Measures Directed to Body Functions (including use of the body in personal actions) to—

1. Facilitate natural functioning.
2. Prevent strain on a function.
3. Prevent impairment of a function.
4. Support a function.
5. Stimulate a function.
6. Decrease functional rate.
7. Maintain a function.
8. Restore a function.
9. Substitute for a lost or an impaired function.
10. Compensate for an impaired function.

Measures Directed to the Tissues of the Body to—

1. Maintain natural state of body tissues.
2. Protect tissues from injury.
3. Heal injured tissues.
4. Clear up an inflammatory process.
5. Clear up a localized infection.
6. Clear up a generalized infection.
7. Prevent an infection.

8. Clear up parasitic infestations of the skin and its appendages.
9. Clear up parasitic infestations within the body.
10. Remove unnatural tissue growth.
11. Remove dead tisue.
12. Restore continuity of tissues.
13. Remove foreign objects or substances from the body tissues.
14. Remove foreign objects or substances from the body cavities.

Measures Directed to Resources and Environmental Conditions to—

1. Supply the natural needs of the body for food, water, and air, and for specific environmental conditions.
2. Supply food and water to relieve a nutritional deficiency.
3. Supply the concentration of oxygen and carbon dioxide required because of impaired state of respiratory functioning.
4. Supply the conditions of humidity, air movement, and warmth or coolness required because of impaired respiratory functioning or because of the body temperature of the patient.
5. Protect eyes from light or from sunlight.
6. Protect skin from overexposure to sun or wind.
7. Protect person from known environmental hazards.
8. Protect person from noise or from sound in accord with physical constitutional or emotional state.

Measures Directed to Poisons Within the Body to—

1. Remove toxic substances taken into the digestive tract.
2. Prevent the development of toxic states when the conditions for the development of such a state are existent in the patient.
3. Relieve toxic states resultant from poisons from an external source.
4. Relieve toxic states from internally produced poisons.

Part II—

Some Measures Directed to Diagnosis

1. Measures to determine present state of body functions and body structures.
2. Measures to determine the character of the causative agents and factors operative in the development and the continued existence of a specific health deviation.
3. Measures to determine state of consciousness and mental competence.
4. Measures to determine the character of specific disease processes; measures to determine the extent of particular disease processes.

Nursing Course 1 introduces the student practical nurse to nursing as an assisting art and is built upon the learnings of Foundation Courses 1 and 2. Chapters 2, 3, 4, and 5 should be of value in developing this course. Nursing Course 2 introduces the student to the problem solving and practical actions basic to nursing. The course emphasizes the determination and meeting the nursing requirements of people relative to self-care needs of daily living and to daily requirements for healthful living. This course is developed around the standards of nursing and the stages of nursing a patient; these are discussed in chapter 3. It proceeds concurrently with Foundation Courses 1 and 2 and is directed to the application of the learnings of these courses to determining and meeting the nursing requirements of patients.

These six suggested courses all directed to *Learning Facts, Concepts and Action Abilities Basic to Nursing Patients* represent an attempt to apply the two standards suggested as guide lines in the development of courses of instruction. Foundation Courses 1 and 2 provide direction for the learning experiences in all other courses.

Development of Sections B, C and D of the First Area of Learning

The remaining parts of the First Area, as outlined above, are directed to the nursing of patients. The learning experiences of section B gradually introduce the student practical nurse to the actual nursing of patients. Section B provides for student experience in nursing—(1) patients suffering the malfunctioning of the aged, (2) patients (adults and aged patients) with health deviations with circumscribed effects, (3) infant and child patients with nutritional impairments, and (4) infant and child patients with physical health deviations with circumscribed effects.

The understandings and the action abilities developed through the learning experiences of section A are now utilized in learning experiences directed to nursing patients. This must be in accord with the dependency state due to age and health deviations, requirements for self-care arising from the health deviation and from the medical therapy used by the physician, and the total requirements of daily living; and with the patient's family status, culture, and personal interests.

Measures of value in meeting specific nursing requirements of patients are numerous. These measures are sometimes referred to as nursing procedures, and the practical abilities requisite for their performance are sometimes called nursing skills. The term measure is more exact than procedure, since a single measure to meet a specific requirement of a patient for nursing may be accomplished using several different methods of procedure.

Nursing is characterized by the fact that there is no fixed group of measures, however minimal in number, which can be selected as applicable to all patients in situations of personal health which have resulted in requirements for nursing. Each situation of nursing practice is unique and different from every other situation even though patients may have the same or closely related types of diseases. This uniqueness is due to the fact that nursing is personal assistance to individual persons, and nursing measures have value to the degree that they are effective in meeting a requirement of the individual person for assistance in daily self-care. Specific nursing measures applied in situations where patients have no requirement which calls forth the need for the measures are without value and their application is wasteful of time, resources and endeavor.

The factors most useful in arriving at an understanding of nursing measures include the general character of the nursing requirement to which a measure is directed, the technology of the measure, and the degree to which the abilities required to effectively perform the measure are or are not a part of the general culture of the people in the community. A single measure is necessarily examined in these three ways to have a foundation for understanding its scientific complexity and the character of the understandings and practical abilities needed by nurses competent to assist patients through the use of these measures in specific situations of nursing practice.

The patient's physician exercises immediate direction over all measures which relate to the patient's participation in the continuing aspects of medical care. The amount and kind of direction exercised by the patient's physician over nursing requirements related to personal self-care, daily living, and special needs for assistance arising from the health deviations of the patient depends upon the extent and degree to which specific health deviations of the patient affect bodily functioning and mental functioning.

The effective performance of the third stage of nursing, namely, determining and assessing the nursing requirements of the patient, initially and on a continuing basis, is basic to the selection and use of measures to meet the nursing requirements of the patient. The selection of measures for inclusion in a curriculum for the education of practical nurses is a matter of great importance. Practical nurses are necessarily able to perform a range of measures in accord with their scientific background for nursing practice. They also require understandings of the characteristics and effects of other measures but not the ability to perform them.

The analysis of selected types of measures necessary in nursing patients, presented in the appendix, pages 159–60, may be of value in making the decision required. They demonstrate a method of making explicit the scientific complexity of measures needed to meet nursing requirements of patients.

Clinical observation and supervised participation in the care of the aged patient enables the student practical nurse to see the generalized effects of aging on life processes. The aged patient introduces the student to the constitutional effects of impaired physical functioning and also demonstrates to the student how impaired physical functioning may affect mental functioning. Nursing the aged patient affords opportunity for learning the most basic measures required in meeting all four types of requirements which people have for nursing.

Learning experiences with aged patients afford an opportunity for the student practical nurse to develop skill in two of the general technologies of nursing, *doing for the patient*, and *doing with the patient*. Like the technology of *helping the patient learn to do for self* the use of the technology of *doing with the patient* requires a high degree of psychological integration of behavior on part of the nurse. In the use of this technology, the nurse is in a position of direct cooperation with the patient in the accomplishment of a result. Both nurse and patient are necessarily aware of the character of the result and know their parts in its accomplishment. Desirably the patient leads and the nurse cooperates. If the patient cannot lead, the nurse necessarily does, but in such a manner that she does not dominate the situation. The technology of *doing with the patient* may require the use of directives. Both nurse and patient may give directives; often the nurse must elicit from the patient how the patient desires that she cooperate in the accomplishment of the desired result.

Since the habits of elderly persons are usually fixed, the aged patient affords opportunity for the practical nurse to understand how the habits and beliefs of patients affect the giving of direct personal assistance. The difficulties of some aged people in remembering instructions introduces the student practical nurse to the nurse's responsibility for establishing conditions of daily living for patients which will facilitate desirable actions on their part and prevent undesirable actions. This is most important because patients with diseases with constitutional effects are often too ill to be burdened with specific instructions, and like the aged patient may have a short memory span.

Nursing adult patients and aged patients with physical health deviations with circumscribed effects introduces the student practical nurse to diseases and injuries where the disease process and its effects are confined to a particular part or region of the body. Such diseases or injuries do not disturb the body as a whole except in some instances in a minor way for a short period of time. The nursing requirements of the patient exist because of any limiting effect of the health deviation on personal action, such as the limiting effect of a simple fracture of the humerus on self-care, and because of the care required as a result of the deviation and the medical therapy instituted by the physician. The student practical nurse may participate in nursing patients with the following types of conditions:

1. Localized derangements of cell metabolism and cellular life and growth, such as benign tumors, except within the body cavities, ulcers of the skin and the subcutaneous tissues and of the mucous membranes of the mouth; disorders of the skin except in instances where large surface areas of the body are involved.
2. Injuries to the tissues:
    a. Lacerations of the skin and subcutaneous tissues.
    b. Inflammatory reactions of the skin and subcutaneous tissues.
    c. Bruises.
    d. First-degree burns; second-degree burns and third-degree burns when the surface area involved is such that constitutional effects are unlikely.
    e. Penetrating wounds involving muscle tissue.
    f. Traumatic fractures of long bones except those involving joint structures.
    g. Sprains, strains.
    h. Bursitis.
3. Localized infections.
4. Infestations.
5. Malformations and malfunctionings of specific parts of the body, such as varicosities of veins of legs and rectum.

Participation in nursing patients with these conditions introduces the student practical nurse to some specific causes of disease and injury; to the reactions of tissues to injury; to the care of wounds resulting from injury and from surgical intervention; to the process of healing; to the relationship between the type of injured tissue, and the nature of the healing process and the conditions required for healing.

In nursing the aged patient, the practical nurse should be introduced to the exercise of sanitary measures in all aspects of the bodily care of the patient, in maintaining sanitary environmental conditions, and to sanitary practices relative to food storage, food handling, food preparation. Now the student is introduced to measures of surgical asepsis. The student practical nurse has developed beginning skill in *doing for* patients and in *doing with* patients primarily in relationship to the activities of daily living. Now the student sees specific and circumscribed health deviations requiring the use of measures directed to specific body tissues.

In nursing the adult patient with circumscribed physical health deviations, the student practical nurse has the opportunity to *do* *for the patient* measures of care directed to the effects of disease and injury on the body tissues. She also has an opportunity to see how the patient participates in the medical care given by the patient's physician, and how the activities of the patient's daily living may be modified because of the health deviation, or because of the medical therapy used by the physician. She sees the necessity for the use of the technology of *giving directions and instructions to the patient* and learns that instructions and directions are given according to the patient's ability to understand and act. She learns that present conditions and resources must permit the patient to do as directed, if instructions are to be followed. In these experiences, the student practical nurse should be introduced to patient-physician situations, and be helped to develop the understanding and abilities that will enable her to talk with the physician as required for the well-being of the patient.

Nursing infant and child patients with nutritional impairments emphasizes the relationship of nutrition to physical growth and development and to personal well-being. This experience adds to what the practical nurse has already learned about food and its importance in adult living and in the daily living of the aged person. A child with a nutritional impairment is in great contrast to a well child. The student practical nurse in the learning experiences of section A observed well children and their physical characteristics and their behavior. Now she sees the sick infant and child—sick because of the inadequacy of quantity or quality of the food consumed, because of inability to take food, lack of desire to take food, or because of rejection of food. She now sees the effect of lack of food on all the physical and personal actions of the child. Nursing the infant and child with a nutritional impairment affords opportunity for the exercise of measures to meet the four types of nursing requirements of patients as well as for learning to care for infants and children. The technology of nursing utilized is the technology of *doing for the patient.*

In these situations, the practical nurse is introduced to the importance of family participation in the care of patients suffering the constitutional effects of illness. In nursing the aged patient, the student practical nurse saw how the family status of the aged patient, the beliefs, and practice of family living, and the conditions and resources of the family affected the aged patient. In nursing patients suffering the circumscribed effects of a health deviation, the student saw how such health deviations temporarily interfere with occupational or school activities or with fulfillment of family and other responsibilities. Now the student practical nurse sees how a family situation may contribute to the development of illness and how the future well-being of the child is dependent upon conditions of daily living of the family and upon the understanding and abilities of the mother and the father of the child.

Nursing child patients with health deviations with circumscribed effects affords an opportunity for the student practical nurse to further develop previous learning about such health deviations and about measures of care directed to them. These situations also afford opportunity for the student practical nurse to care for children whose daily living is like or is a modification of that of the well child. The student is helped to develop the ability to guide the growing and developing child by the use of simple instructions and by the example of *doing*. She learns to assist the child in the activities of daily living and, when the child is able, to learn to exercise the basic practices of healthful living.

The types of nursing situations selected for the learning experiences of section B are such that the student practical nurse can see that nursing situations are situations of daily living of patients. The health deviations are such that they modify, but do not completely change the natural pattern of daily living of patients.

Sections C and D of the First Area of Learning enable the student practical nurse to learn to participate in the nursing of patients suffering grave constitutional effects of physical illness, and patients with impaired mental functioning of established organic origin or existent from birth. Understanding and abilities to be developed through the learning experiences build upon the prior learnings from section B. In section C, the understanding and problem solving and practical abilities already developed are utilized as a basis for developing a deeper understanding of the constitutional effects of physical health deviations and in learning to nurse patients suffering the grave constitutional effects of illnesses presently under medical control. In part D, learning experiences proceed to the development of a basic understanding of deviations of mental health and their effects on the personal actions and self-directing abilities of people.

Nursing situations to which the learning experiences of section C and D are directed involve patients with long-term and chronic illnesses. Learning experiences in both sections emphasize nursing the patient in accord with requirements derived from the specific physical and social environment of the patient. Specific learning experiences are also directed to the development of an understanding of the impact of such illnesses on individuals of all ages, as well as on the family and the community. The nursing situations selected for the clinical experience of the student should be such that the effect of physical malfunctioning on mental functioning and the effects of impaired mental functioning on general health is demonstrated.

The successful completion of the learning experiences of sections C and D bring to a conclusion the student's pursuit of the First Area of Learning of the curriculum. All the learnings of part 1 focus on nursing the individual patient. Learnings are directed to the development of basic understanding and action abilities requisite for meeting the nursing requirements of patients. Specific learning experiences are directed to the assistance in daily personal self-care in light of the dependency state; assistance in living each day in accord with requirements for personal health; assistance in self-care required because of a health deviation; and assistance directed to participation in medical care as given and directed by the patient's physician. Experiences in nursing patients extend only to the most basic types of situations of nursing practice.

Upon completion of part 1, the student practical nurse is ready for more advanced learning experiences directed to her roles in the occupation of nursing. The student is also ready for developing expertness in nursing patients in the basic nursing situations of part 1, and also ready for learning to nurse groups of patients within the same time period.

Developing Second Area of Learning:

Preparation for Effective Functioning in the Occupation of Nursing

This second suggested area of the curriculum is directed to the development of expertness in nursing patients in the most basic types of nursing situations; learning to nurse more than one patient during the same time period; development of deeper understandings of the two basic roles of the practical nurse in nursing patients; understanding the responsibilities of practical nurses as members of an occupational group; and learning the role of assistant to nurses qualified to nurse in complex nursing situations. This area may be grouped into three subareas of learning:

1. *Learning to nurse patients in the most basic types of nursing situations effectively and with skill.*
2. *Learning the place and the responsibilities of practical nurses in the occupation of nursing.*

3. *Learning to assist nurses qualified to nurse in complex nursing situations.*

The learning experiences of this area are directed to giving the practical nurse a solid foundation for employment as a practical nurse. Upon the successful completion of this area of the curriculum, the student practical nurse is prepared to help meet the community demand for nursing patients in basic types of nursing situations common in almost every community. The nursing situations selected for learning the role of assistant to a nurse qualified to nurse in complex situations are ones in which the student practical nurse is prepared to meet a large proportion of the nursing requirements of patients. Learning experiences are specifically directed to being an efficient assistant to another nurse; to the nature of specific substitution and compensation measures; and to the needs of patients with irreversible and progressive pathology of vital functions.

Developing the Third Area:
Continued Preparation for Effective Functioning in the Occupation of Nursing

The major learning experiences of this area of the curriculum prepare the practical nurse to participate in nursing patients who have had major surgical measures performed and in measures to control or to correct a health deviation. Learning experiences are also directed to participation in nursing postpartum obstetrical patients and their infants.

The remaining learning experiences of the area enable the student practical nurse to begin to understand nursing requirements of patients who are dying, and to participate in their care; to develop a basic understanding of nursing situations where nursing requires deep and complex understanding of body structure and functions, of psychology, or requires the detailed application of chemical and physical concepts in performance of nursing measures. The selection of the learning experiences in this last area should be based upon what each individual student practical nurse is presently able to do in nursing patients and upon her achievement relative to the development of a scientific background for nursing.

All student practical nurses should be so qualified that they are able to develop an understanding and abilities basic to nursing patients who are dying and patients who are in states of unconsciousness. Too, all should be able to attain a basic understanding of shock and hemorrhage and develop the ability to recognize these conditions and to act effectively for the well-being of the patient. Learning experiences beyond this are necessarily selected entirely in accord with the capacities and abilities of the individual student practical nurse.

Development of Courses of Instruction from Sections B, C, and D of the First Area of Learning and from the Second and Third Areas of Learning

These sections and areas of the curriculum are directed primarily to the nursing of patients. It is important that they be developed into courses of instruction which are clear-cut but flexible of administration. The majority of the learning experiences require that students be in patient situations.

Whenever the learnings of a specific course of instruction require experiences in patient situations, the following conditions are necessarily woven into the course of instruction:

1. Each clinical experience is so arranged that the student is given a period of directed observation in the patient situation prior to each period of supervised participation in the nursing of patients.
2. Each clinical experience is so arranged that the student participates each day in a scheduled conference to discuss with the nurse or nurses directing and supervising her learning experiences in nursing patients, immediate problems confronting the student, the experiences of the day and the experiences planned for the following day.
3. During a clinical experience, the student is not assigned to attend lectures, or assigned homework; this is to help insure that the student's mind is free to consider the learnings of the day, to relate the learnings of the day to past learnings, and to raise the questions of what, why, when, and how in respect to matters which she does not understand.
4. The clinical experience is so arranged that the student practical nurse is aware of the days of the week, the hours of the day of the clinical experiences; and is aware of the general nature of the conditions of patients whom she will observe and participate in nursing, at least for a 2-week period.
5. Each clinical experience in nursing patients is an integral part of a course of instruction, and is a guided and supervised experience.
6. Each specific clinical experience is preceded by learning experiences which constitute a foundation to identify the nursing requirements of the patients to be nursed, to recognize the nursing action observed and to develop the abilities to meet the nursing requirements of patients in such nursing situations.

It is proposed that four courses be developed in addition to the four foundation courses and the two nursing courses previously suggested and described for development from section A of the First Area of Learning. These four courses suggested are all nursing courses and directly sequential to the first two nursing courses. The following course titles indicate the general intent of each of the courses:

Nursing Course 3	Nursing Patients in Basic Types of Nursing Situations of Prolonged Duration
Nursing Course 4	Nursing Patients in Basic Types of Nursing Situations of Relatively Short Duration
Nursing Course 5	Learning the Bases for Effective Fulfillment of Nursing Responsibilities
Section A	Learning How to Plan To Meet the Nursing Requirements of More Than One Patient in the Same Time Period
Section B	Learning the Place and the Responsibilities of Practical Nurses in the Occupation of Nursing
Section C	Learning the Bases for the Role of Practical Nurse Assistant to Nurses Qualified To Nurse in Complex Nursing Situations
Nursing Course 6	Learning the Role of the Practical Nurse Assistant to Nurses Qualified to Nurse in Complex Nursing Situations
Section A	Learning To Assist in Nursing Patients in Four Commonly Occurring Types of Complex Nursing Situations
Section B	Learning To Participate in Nursing Patients Who Are Dying and in Nursing Unconscious Patients
Section C	Learning To Meet Emergency Situations

The major types of learning experiences in each of these proposed courses are presented in the series of outlines on subsequent pages. Nursing Courses 3, 4, and 6 require patient situations for student learning. Nursing Course 5 does not require a patient situation, but it does require that students have prior experience in nursing patients and that students have recorded data relative to the specific nursing requirements of individual patients. Nursing Courses 3, 4, and 6 have been organized around the nursing of patients in the proposed types of basic, more complex, and highly complex situations.

Nursing Course 3.—
Nursing Patients in Basic Types of Nursing Situations of Prolonged Duration

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Section A

Learning to Nurse Patients in Accord with the Constitutional Effects Resultant From Physical Health Deviations and Patients with Impaired Mental Functioning

***Section B**

Development of Nursing Effectiveness and Skills in Nursing Patients in These Types of Nursing Situations, Emphasizing Support of Vital Functions, Improvement of Nutritional State, and Daily Living to Contribute to the Patient's Well-being.

***Section C**

The Nursing of a Group of Patients in the Same Time Period

Patients to be nursed

- **Patients with the malfunctioning of the aged**
- **Infant and child patients with impaired nutrition**
- **Adult, adolescent and child patients with specific physical diseases with grave constitutional effects; impairments of vital functions are under medical control**
- **Patients with impaired mental functioning of established organic origin or existent from birth**

Learning To Nurse the Individual Patient in Accord with:

- **Needs for self-care arising from the health deviation, emphasizing functional deviations and their causes**
- **Ability to use the body in personal action, and the self-directing abilities of the person**
- **Participation in medical care as directed by the physician**
- **Effects of physical malfunctioning on mental functioning**
- **Effects of mental malfunctioning on the general health of individuals**
- **Requirements arising from the physical and social environment**
- **Impact of such illnesses on the individual, the family, and the community**

Nursing all patients in accord with requirements of daily living and attention to personal health derived from or conditioned by: age; sex; family status; relationships and responsibilities; culture; interests; and the specific events of daily living.

*** Sequential to Nursing Course 5, Sections A and B**

Nursing Course 4.—Nursing Patients in Basic Types of Nursing Situations of Relatively Short Duration

Section A **LEARNING TO NURSE PATIENTS SUFFERING THE CIRCUMSCRIBED EFFECTS OF PHYSICAL HEALTH DEVIATIONS** ***Section B** **DEVELOPMENT OF NURSING EFFECTIVENESS AND SKILL IN NURSING PATIENTS IN THESE TYPES OF NURSING SITUATIONS, EMPHASIZING THE SPECIAL MEASURES OF CARE REQUIRED BECAUSE OF THE HEALTH DEVIATION AND THE MEDICAL CARE RECEIVED** ***Section C** **NURSING A GROUP OF PATIENTS IN THE SAME TIME PERIOD**	**Patients Suffering from:—** **Localized derangements of cell metabolism and cellular life and growth** **Gross effects of injury to the bones and to the soft tissues of the body** **Localized infections** **Infestations** **Malformations and localized malfunctionings**	**Adult Patients** **Aged Patients** **Children** **Adolescents**	**Nursing patients in accord with:—** **Needs for self-care arising from the health deviation emphasizing the structural deviation, its causes, and the resultant malfunctioning** **Needs arising from the medical therapy utilized by the physician** **Needs for specific participation in the medical therapy directed by the physician** **Ability to use the body in personal actions and the self-directing abilities of the patient** **The effects of the health deviation and its treatment on the daily activities and on fulfillment of the responsibilities of the patient**

Nursing all patients in accord with their requirements of daily living and attention to personal health derived from or conditioned by: age; sex; family status; relationships and responsibilities; culture; interests; and the specific events of daily living.

***Sequential to Nursing Course 5, Sections A and B**

Nursing Course 5.—
Learning the Bases for Effective Fulfillment of Nursing Responsibilities
Section A: *Learning How to Plan to Meet the Nursing Requirements of More Than One Patient in the Same Time Period*

LEARNING TO ASSESS THE NURSING NEEDS OF PATIENTS IN ACCORD WITH THE IMPORTANCE OF NURSING TO THE LIFE, RECOVERY AND TO THE WELLBEING OF THE PATIENT	**Assessing the nursing needs of patients nursed in nursing Courses 3 and 4, Section A—** **1. Patients with constitutional effects of physical health deviations;** **2. Patients with circumscribed effects of physical health deviations; and** **3. Patients with impaired mental functioning.**	**1. Study the nursing requirements of individual patients nursed in Section A of Nursing Course 3 and 4** **2. Relating the effect of meeting the nursing requirements of each patient to the life of the patient, to recovery, to improvement of health, state, and to the self-directing abilities of the patient** **3. Placement of each nursing requirement of a patient in its priority status under these headings:—** **a. Essential for life** **b. Essential for uncomplicated recovery** **c. Essential for improvement of general health** **d. Essential for development of self-directing abilities**
LEARNING THE FACTORS WHICH AFFECT THE PRACTICE REQUIREMENTS FOR NURSING THE INDIVIDUAL PATIENT:	**1. Specific location of patient; need for movement to other locales during the day.** **2. Continuous or periodic nature of each nursing requirement.** **3. Time of occurrence of each periodic nursing requirement.**	**4. The deferrable or non-deferrable nature of periodic nursing requirements.** **5. The priority status of the nursing requirements of the patient.** **6. The total time required for nursing the patient plotted over the 24 hours of day.**

LEARNING TO PLOT THE NURSING REQUIREMENTS OF INDIVIDUAL PATIENTS FOR THE 24 HOURS OF THE DAY	1. Learning to plot the periodic nursing requirements— a. those which are fixed by time and non-deferrable b. those not fixed by time are plotted in light of fixed periodic, and continuous nursing requirements 2. Learning how to plot the continuous nursing requirements indicating those time periods where there is likely to be an increase or decrease in the patient's need as well as periods of stability 3. Learning the importance of indicating the "priority" status of each necessary requirement. 4. Learning to add the factors of "place" to each necessary requirement plotted. 5. Learning the value and use of a "plot" of the patient nursing requirements as a "tool" in planning for nursing the patient
LEARNING HOW TO PLAN TO MEET THE NURSING REQUIREMENTS OF A SPECIFIC NUMBER OF PATIENTS	1. Learning how to estimate the total number of patients who can be effectively nursed by one nurse during the same period in light of: the dependency state of the patients; the continuous or periodic nature of the nursing requirements of the patients; and the frequency of occurrence and the time of occurrence of periodic nursing requirements. 2. Learning that a plan for nursing a group of patients relates the plans for meeting the nursing requirements of each individual patient to one another and insures that nursing needs of patients are met in accord with the priority status of each requirement. 3. Learning that a plan for nursing a group of patients provides for the effective nursing of each patient and is at the same time economically sound relative to use of facilities, resources, and the personal endeavor of nurses.

Nursing Course 5.—
Learning the Bases for Effective Fulfillment of Nursing Responsibilities
Section B: *Learning the Place and the Responsibilities of Practical Nurses in the Occupation of Nursing*

THE INDIVIDUAL PRACTICAL NURSE	**Specific Responsibilities as a Person and a Nurse as related to:—** **Individual patients and families of patients;** **The physician of the individual patient;** **Others participating in the care of individual patients.** **Specific Responsibilities as:—** **A private practitioner;** **An employee of an individual or an institution.** **Specific Responsibilities to:—** **Participate in meeting local and State needs for nursing;** **Official practical nurse organizations;** **The well-being of practical nurses as an occupational group.**
PRACTICAL NURSES AS AN OCCUPATIONAL GROUP	**The Major Occupational Groups in Nursing Practice** **The Present Status of Practical Nurses as an Occupational Group** **The Present Major Problems of Practical Nurses within the Local Community, the State, and the Nation**
THE PRESENT LOCAL COMMUNITY AND STATE NEEDS FOR PRACTICAL NURSES SITUATIONS	**The Nursing Homes of the Community** **Chronic Disease and Convalescent Hospitals** **General Hospitals** **Family Homes of the Community** **Other Places where Patients Require Nursing**

Nursing Course 5.—
Learning the Bases for Effective Fulfillment of Nursing Responsibilities
Section C: *Learning the Bases for the Role of Practical Nurse Assistant to Nurses Qualified to Nurse in Complex Nursing Situations*

LEARNING TO IDENTIFY COMPLEX NURSING SITUATIONS AND THE ROLE OF THE PRACTICAL NURSE IN SUCH SITUATIONS

1. Learning the characteristics of complex nursing situations
2. Learning the characteristics of the nursing requirements of patients in complex situations
3. Learning to differentiate between the basic types of nursing situations and more complex situations
4. Learning how the practical nurse can most effectively participate in complex nursing situations
5. Learning to recognize the factors which make a nursing situation highly complex
6. Learning the specific limitations of the practical nurse in complex nursing situations

LEARNING THE FUNCTIONS OF THE PRACTICAL NURSE IN HER ROLE OF PRACTICAL NURSE ASSISTANT TO NURSES QUALIFIED FOR COMPLEX NURSING SITUATIONS

FUNCTIONS

Group 1

Meeting some of the nursing requirements of the patient as delegated by the nurse being assisted.

Preparing the patient, materials, and equipment for a measure of care to be performed by the nurse being assisted.

Giving direct help as the nurse being assisted performs a measure of care for the patient.

Group 2

Coming to know all the nursing requirements of the patient and the desirable manner of meeting them so that:—

a. the functions of Group 1 can be performed effectively and in coordination with the nurse who bears the total responsibility for the nursing situation;

b. there will be a sound foundation for fulfilling further delegated responsibilities for nursing the patient when the situation becomes less complex.

Nursing Course 6.—
Learning the Role of Practical Nurse Assistant to Nurses, Qualified to Nurse in Complex Nursing Situations

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SECTION A— LEARNING TO ASSIST IN NURSING PATIENTS IN FOUR TYPES OF COMPLEX NURSING SITUATIONS

Part I Situations Where the Patient or a Member of the Family Must Learn to Use Measures to Substitute or Compensate for Lost or Impaired Functioning of the Patient

Part II Situations Where the Patient's Vital Processes are Impaired by Progressive and Irreversible Pathological Change

Part III Selected Situations Where Patients Have Had Major Surgery; Learning Experiences are Directed to Nursing Patients in Accord with:—

1. The constitutional effects which result from major surgery;
2. Requirements which arise from the surgical wound;
3. Requirements which arise from the extent of the surgery relative to body structure and function;
4. Psychological effects of major surgery;
5. Needs related to any impairments of the use of the body;
6. Needs for supporting measures to facilitate recovery;
7. Needs for maintaining the general health state of the patient;
8. Needs related to the patient's learning of specific measures of self-care.

Part IV Care of Newborn Infants and Post-partum Obstetrical Patients

1. Care of newborn infants following stabilization of vital processes; and helping mothers care for their newborn infants when the mother has sound understanding of infant care.
   Learning experiences are directed to caring for the newborn infant in accord with specific requirements for personal care and for continuing attention to the specific health needs of the newborn.
2. Care of obstetrical patients in the post-partum period when there are no complications.
   Learning experiences are directed to:—
   a. The after effects of childbearing on physical structure and functioning and special self-care needs due to these effects;
   b. The desirable relationships between the mother and her infant, and to the mother's place in relating the infant to the father.

SECTION B— **LEARNING TO PARTICIPATE IN NURSING PATIENTS WHO ARE DYING AND PATIENTS WHO ARE APPROACHING DEATH**

Part I **Learnings are directed to:—**

1. **Natural reactions of people to death;**
2. **Psychological impact of the knowledge that death is imminent, on the patient and on the family;**
3. **The physical signs of imminent death;**
4. **The physical care needs of the dying patient;**
5. **The needs of dying patients for psychological support and spiritual assistance.**

Part II **Learning to Participate in Nursing the Unconscious Patient**

Learnings are directed to:—

1. **The characteristics of the state of unconscious**
2. **The complete dependency of the unconsciousness;**
3. **Nursing requirements which arise from the s patient;**
4. **The indications of returning consciousness. tate of unconsciousness;**

SECTION C— **LEARNING TO MEET EMERGENCY SITUATIONS**

Sudden loss of consciousness
Hemorrhage
Shock
Other conditions likely to be encountered by the practical nurse

Suggested Course Arrangement Showing Relationship to Areas of Learning

AREAS OF LEARNING OF THE CURRICULUM		SUGGESTED ARRANGEMENT OF COURSES AND SECTIONS OF COURSES		BLOCKS OF EDUCATIONAL EXPERIENCES
FIRST AREA OF LEARNING— **Learning to Nurse Patients**	Section A Learning Facts, Concepts and Action Abilities Basic to Nursing Patients Sections B, C, D Learning to Nurse Patients in Basic Nursing Situations	*Foundation Course 1 Foundation Course 2 Nursing Course 1	Foundation Course 3 Foundation Course 4 Nursing Course 2	Block I
SECOND AREA OF LEARNING— ***Preparation for Effective Functioning in the Occupation of Nursing***	Learning the Bases for Functioning Effectively as a Practical Nurse Learning the Bases for Nursing a Group of Patients	Nursing Course 3, Section A	Nursing Course 4, Section A	Block II
		Nursing Course 5, Sections A and B		Block III

SECOND AREA OF LEARNING—Continued	Developing Expertness in Nursing Patients in Basic Nursing Situations	Nursing Course 3, Section C Nursing Course 3, Section B Nursing Course 4, Section B Nursing Course 4, Section C	Block IV
	Learning to Nurse Groups of Patients	Nursing Course 5 Section C	Block V
	Learning the Bases for the Role of Practical Nurse Assistant	Nursing Course 6, Section A, Part One	
	Learning Role of Practical Nurse Assistant in Two Types of Complex Situations		Block VI
THIRD AREA OF LEARNING— Continued Preparation for Effective Functioning in the Occupation of Nursing	Learning Role of Practical Nurse Assistant in Other Types of Complex Situations	Nursing Course 6, Section A, Part Two and Sections B and C	
	Learning To Meet Emergency Situations		

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* Foundation Course 1 and 2 and Nursing Course 1 may be taught collaterally; however Foundation Course 3 builds on material taught in Foundation Course 1, Foundation Course 4 builds on material taught in Foundation Course 2, and Nursing Course 2 builds on material taught in Nursing Course 1.

Arranging the Courses and Allocating the Time for Specific Courses

The ten courses suggested as one method of developing the three areas of learning which form the basic design for the curriculum may be arranged in various ways. One method is presented here in the table, *Suggested Course Arrangement Showing Relationships to Areas of Learning.*

This arrangement provides for the pursuit of the four foundation courses and nursing courses 1 and 2 prior to the educational experiences of students in nursing patients within a clinical situation. This does not mean that the student practical nurse has no contact with patients during the pursuit of these courses. It does mean that patient contact is limited to selected observations of patients in various types of clinical facilities where patients require nursing; and to assisting patients in simple matters of daily living, such as assisting patients at meal time, helping patients in diversional activities, or helping ambulatory patients to the toilet. Such experiences introduce the student to the daily living of patients, and to the effects of health deviations on daily living. They also constitute a gradual introduction of the student to the actual nursing of patients without the psychological shock and trauma which occurs when a student's first experience in a patient situation is that of meeting the requirements of a helpless patient for body care. The gradual introduction of student practical nurses to patient situations in selected types of clinical facilities in the community, also helps them reach those awarenesses necessary to understand the place of the practical nurse in the occupation of nursing.

Following the achievement of a satisfactory educational result in these six courses, the suggested course arrangement provides for a block of educational experiences in learning to nurse patients in the most basic types of nursing situations, that is, the pursuit of sections A of Nursing Courses 3 and 4. This guided and supervised experience in learning to nurse patients is followed by sections A and B of Nursing Course 5. The learning experiences of these sections are basic to nursing groups of patients and to the effective functioning of the practical nurse in the occupation of nursing. Understanding and abilities developed by the student are then applied in sections B and C of Nursing Courses 3 and 4, a second block of guided and supervised educational experiences in nursing patients. These experiences are directed to nursing more than one patient in the same time period, and to developing expertness in nursing patients in the most basic types of nursing situations. This block of experience in nursing patients is followed by section C of Nursing Course 5. The learning experiences of section C prepare the student nurse for her educational experiences as a practical nurse assistant to nurses qualified for complex nursing situations. The last course is Nursing Course 6 which is a block of guided and supervised educational experiences in learning to function as a practical nurse assistant in nursing patients in complex nursing situations.

This arrangement of the ten courses is in accordance with the stages of learning and with the conditions which facilitate student learning. The arrangement also permits for the flexibility necessary because of individual student differences.

It is suggested that no less than three-fourths of the 12-month period for the basic education of the practical nurse be allocated for the courses which comprise the First and Second Areas of Learning. This proposal is made in light of the foundation nature of the First Area of Learning and the importance of the Second Area to prepare the practical nurse for effective functioning in the occupation of nursing. A more specific distribution of time can be made only in light of the immediate educational potential of students, the abilities of teachers, the educational resources utilized, and present State regulations.

Selecting the Resources

The selection of resources to be utilized in the educational experiences of the curriculum is a matter of great importance.

The learning experiences of student practical nurses are centered around people in various states of dependency, and the result desired from education is the ability to nurse people in states of dependency. Teachers, classrooms, and textbooks are not sufficient for education for nursing practice. A student practical nurse cannot fully comprehend the meaning of dependency and its implications for assistance in self-care except by seeing patients in states of dependency and by seeing patients nursed. This seeing must be preceded and accompanied by learning experiences that enable the student practical nurse to identify and then come to understand what she sees. The subsequent development of the problem solving and practical abilities requisite to nurse patients requires guided and supervised experience in determining and assessing the nursing requirements of patients, and in meeting nursing requirements of patients during particular time periods of the day.

People who are in need of nursing are in various specialized institutions of the community such as hospitals, nursing homes, and homes for the aged. They may come as day patients to rehabilitation centers, specialized hospitals, or to clinics. They may be seeking emergency care or health guidance at their place of occupation, in schools, or in emergency rooms of hospitals. Still other patients are in their own homes. Many types of health facilities of communities may offer profitable learning experiences for students of nursing. The making of wise selections of the health facilities to be utilized is basic to the activation of a curriculum for the education of practical nurses.

It should not be forgotten in curriculum development and activation that the student practical nurse may learn about people from her daily contacts. Each student practical nurse in her personal life has contact with people—members of her family, friends, neighbors, fellow students, and teachers. Understanding people as individuals with rights and responsibilities, likes and dislikes, and with established practices and habits of daily living is one of the most important aspects of the education of a nurse. Developing the ability to accept what patients say or do as having a foundation in fact or in some recognized or unrecognized need of the patient may well begin with the people in the daily life of the student practical nurse. Understanding the depth of psychological change necessary before a person can change a habit or a practice of daily living, or develop a new habit may also begin in the every day life of the student practical nurse. Such understanding is basic to nursing, since many of the results to which nursing effort is directed require that patients come to know, understand, and then practice particular measures of self-care. This requires psychological change within a patient and such change does not take place just because the physician or nurse says "do," or "do not do" this or that; nor do such changes take place overnight. This means that every nurse, regardless of her range of nursing practice, must understand the basic factors underlying learning. Observing a child in the family may give insight to the nature of learning. The questions and the exploring activities of the child in his natural search for knowledge and the child's desire "to do" well exemplify the stages of learning.

The immaterial aspects of nursing relative to psychological changes in patients are in distinction to those aspects of nursing which are more tangible, as when a nurse gives body care to a patient. The practical nurse who is kind, considerate, and at the same time, expert within her limited range of nursing practice contributes much to these immaterial aspects of nursing. When the practical nurse possesses these qualities and abilities, the patient will respect the nurse as one who is both desirous and capable of nursing him with his existent inabilities, and will tend to follow the practical example given.

In the selection of institutions in the community where student practical nurses will learn to nurse patients, it is important that the following standards be met:

1. The patient population of the institution, although changing, is numerically stable.
2. The patient population is numerically such that each student practical nurse can be given guided learning experiences in nursing more than one patient in the same time period.
3. The patient population is distributed in terms of requirements for nursing, that is, there are patients with basic, more complex and highly complex nursing requirements.
4. The patient population is distributed in terms of age, types of physical and mental health deviations, and requirements for medical care; or else more than one institution will be utilized, to provide the needed learning experiences.
5. The administrative authorities of the institution or institutions selected agree that the student practical nurse will come to the institution at specific periods of time for guided and supervised experiences in observing the nursing of patients and for supervised participation in the nursing of patients.
6. The administrative authorities of the institution or institutions selected understand that the student practical nurses are under the continuing guidance and direction of those persons responsible for the educational program in which the students are enrolled.
7. Both the administrative authorities of the clinical institution or institutions and the administrative authorities of the educational program understand that a student practical nurse may nurse a patient in the institution only with the direct permission of the nurse who bears the responsibility for the nursing of the patient.
8. The administrative authorities of the clinical institution or institutions selected and the administrative authorities of the educational program have reached specific agreements as to the qualifications and the number of nurses necessary to direct, guide, and teach student practical nurses in each block of clinical experience.
9. Both the administrative authorities of the clinical institution or institutions selected and the administrative authorities of the educational program understand that the nurses who direct, guide, and teach student practical nurses in each block of clinical experience must have that degree of psychological integration of behavior which enables them to see, understand, and act in light of nursing requirements of patients, the educational needs of the student practical nurse, and the operational plans of the institution.

Any institution participating in the education of student practical nurses is performing a service essential to the well-being of the people of the community. The occupation of nursing exists because people have requirements for nursing. The basic educational preparation of the practical nurse, like the basic education of other categories of nurses, is a community responsibility.

A curriculum for teaching nursing is necessarily developed by nurses who are not only qualified practitioners of nursing but also are nurse educators and nurse economists. The guides for curriculum development just presented represent one attempt to apply not only the fundamental characteristics of the art of nursing but also the social and economic factors which affect practical nursing.

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Appendix

AN EXAMPLE TO DEMONSTRATE THE USE OF *Body Functions Essential for Life and Health* as a Point of Departure in Teaching Practical Nurses:

A Development of the Functions of the Ingestion of Food and Water, Digestion of Food, Making Food and Water Parts of the Body, and Elimination From the Large Intestine

Part I

The Teaching of Structure and Functions of the Body

Natural Functions	*Anatomy*
1. Ability to feed self.	
2. Ability to receive solid food and fluids into the mouth.	Form and relationships of the— Mouth cavity. Tongue. Teeth. Salivary glands. Mucous lining of the— Mouth cavity.
3. Ability to chew solid food, and mix food with saliva.	Musculature of the— Face.
4. Ability to swallow.	Form and relationships of the— Throat. Esophagus. Stomach.
5. Ability to receive food and water into the stomach.	Relationship of throat to larynx Mucous lining and musculature of walls of the— Throat. Esophagus. Stomach.
6. Ability to hold food in the stomach and in each part of the small intestine for a period of time sufficient for the food to be digested and taken into the blood and lymph.	General form of the— Stomach. Small intestine. Relationships of stomach and small intestine.

Natural Functions	*Anatomy*
7. Ability to move food and fluids onward in the stomach and each part of the small intestine.	Musculature of the— Stomach. Small intestine.
8. Ability to break up food into smaller pieces through mechanical force and mix with the stomach (gastric) juices and the juices manufactured in the small intestine, the pancreas and with the bile from the liver.	
9. Ability to digest carbohydrates, fats and proteins (breaking down of these foods into smaller units of matter through the chemical action of food with water in the presence of the digestive enzymes specific to fats, carbohydrates, and proteins under the conditions of acidity or alkalinity required for the action).	Secretory structures of mucous membranes of the— Stomach Small intestine Secretory structures of liver; structural relationships of liver to the small intestine Secretory structures of the pancreas; structural relationship of pancreas to small intestine
10. Ability to take into the blood and lymph from the mucous membranes of the small intestine— carbohydrates, fats, proteins, water, mineral salts, vitamins, (describe at this time selective absorption from mouth and stomach).	The blood and lymph circulatory network of the small intestine. Relationship of blood circulatory network to liver Relationship of the lymph circulatory network to the venous blood
11. Ability to take into the blood, water from the large intestine.	General form of the large intestine Mucous lining of the large intestine The musculature of the large intestine The parts of the large intestine
12. The formation of feces; defecation.	The anus The internal and external sphincters of the anus

Part II

The Teaching of the Personal Actions Related to These Bodily Functions

Personal Actions Relative to the Ingestion of Food and Water

1. Accepting or rejecting food and water.	Making judgments and decisions based on specific understandings
2. Making food choices.	
3. Taking in food and water by natural methods (with direct assistance as required because of age).	Voluntary use of the body
4. Masticating food.	
5. Swallowing food and water (1st stage of deglutition—mouth to pharynx).	

Personal Actions Relative to Digestion of Food

1. Selecting food which is digestible for consumption.	Making judgments and decisions; and ingestion of food and water in light of understanding of foods, of digestion, and of bodily limitations
2. Controlling the intake of those foods which will place a burden on the digestive capacities of the gastrointestinal tract.	
3. Controlling the quantitative intake of food and water to prevent distention of stomach and intestines, and overburdening the gastrointestinal tract beyond its capacities for food digestion.	

Personal Actions Relative to Defecation

1. Recognition of the internal feelings which indicate readiness of the bowel to evacuate its contents.	Recognition of a bodily need; judgment, and decision making; and voluntary practical action in light of understandings of bodily functions, of bodily limitations, and sanitation.
2. Seeking and using facilities and equipment; and subsequent sanitary disposal.	
3. Control of the urge to defecate only to the degree necessary to secure needed facilities and equipment.	
4. Regulation of food and water intake to facilitate defecation and prevent constipation.	
5. Maintaining cleanliness of the anal region of the body.	
6. Cleansing of the hands following defecation.	

Part III

Resources of Food and Water Necessary for These Bodily Functions

1. **Essential and Desirable Conditions**
   - a. Food and water are available and adequate in quality and quantity for bodily requirements of the person in accord with age, sex, intellectual and practical endeavors, and any specific existent condition causing physical or emotional stress.
   - b. Food and water are free from injurious substances.
   - c. Food and water are pleasing to the senses.
2. **Special Personal Adjustments**
   - a. Food adjusted to physical structural and functional limitations of the person.
   - b. Food adjusted to known physiological reactions of the person to specific foods.
   - c. Food adjusted to the beliefs, and practices of the person of cultural origin (this includes religious practices).
   - d. Food adjusted to present appetite and food preferences of person.

Part IV—Functions Related to Food and Water Necessarily Accomplished Before a Person Can Ingest Food and Water

1. Food selection in accord with the person's needs and desires and with available food resources.	Nature and characteristics of food Food requirements of people Present appetite
2. Planning for intake of water.	Water intake requirements Present desire for water
3. Meal planning.	Desirable arrangements of the food required Conditions which determine specific types of arrangements
4. Preparation and serving of food and water. a. Meal preparation and serving. b. Preparation and serving of fluids apart from meals.	Food procurement Food preparation Preparation of serving equipment Establishing desirable environmental conditions for serving After-care of utilized equipment and facilities

Types of Measures Necessary To Assist People in the Ingestion of Food and Water Because of Age of Individual

By age group	Physical activity of person	Assistance related to—		
		Physical activity	*Form of food*	*Making choices*
Infant	Sucking Receiving food into mouth Swallowing	Giving food Assist while taking food	Given in:— Liquid form Semi-solid form Solid form	Select for ↓
Child	Receiving food into mouth Drinking Swallowing Chewing Feeding self ↓	Feed child Assist child to feed self Guide child in feeding self	Select in all forms ↓	Guide in making food choices from available and desirable foods ↓
Adolescent	↓		↓	↓
Adult	↓		↓	↓
Aging person	↓	Assist as needed	↓	↓
Aged person	↓		Adjust form of food as required	Guide in making food choices

Measures to Supply Food and Water Not Commonly Used by People

Measures	*Characteristics of Measures*
Placement of liquid food in mouth, or on back of tongue when the swallowing reflex is present.	Utilizes natural route for ingestion Requires use of a spoon or a medicine dropper Requires precautions to prevent aspiration of liquid into lungs, and to prevent injury to mouth
Feeding through a gavage tube.	Utilizes the natual route for ingestion Requires prior *introduction* of a gavage tube into the stomach Requires precautions to insure that tube is in stomach, and to prevent harm to the organs contacted
Feeding through gastrostomy tube.	Food is placed directly in the stomach Requires prior *surgical incision* into the stomach, and the *introduction* of a tube into the stomach Requires care of the wound and tube
Injection of nutrients, water, mineral salts into subcutaneous tissues, and muscular tissues	Requires *introduction* of a needle into the body tissues Materials are placed in body tissues for absorption into the blood and lymph Requires precautions to prevent injury to the tissues or the introduction of germs which may result in a localized or generalized infection
Injection of nutrients, water, and mineral salts into the blood circulatory system	Requires *introduction* of a needle, or canula into a vein; a surgical *incision* may or may not be required Materials are placed directly in the blood circulatory system Requires precautions to prevent injury to tissues or the introduction of harmful substances, or the introduction of germs

The Administration of Medications Which Affect the Gastrointesinal Tract or Supply Nutrients in Addition to Ingested Food

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MEDICATIONS BY DESIRED RESULTS

Administration of the Medication

Stimulate Appetite
Supply Nutrients, Mineral Salts, Vitamins
Supply Digestants
Change Existing pH
Decrease Gastrointestinal Motility
Increase Gastronintestinal Motility
Stimulate Peristalsis in Large Intestine
Increase Intestinal Bulk
Cause Evacuation of Bowel
Soothe or Protect Mucous Membranes of—
  Stomach
  Intestine

State of medication
  a. Solid
  b. Liquid

Body route of administration

Preparation Required for Administration

Technology of administration
  a. Ingestion by patient
  b. Introduction into rectum
  c. Introduction into body tissues
  d. Introduction into vein

Precautions required because of—
  a. The medication itself
  b. Preparation required for its administration
  c. The technology of administration
  d. The age of the patient
  e. The general health state of the patient
  f. The specific health deviations of the patient

SOME FUNDAMENTAL CONCEPTS OF VALUE IN TEACHING AND LEARNING ANATOMY AND PHYSIOLOGY

Part 1

Some Fundamental Concepts of Value in Teaching and Learning Anatomy

Anatomy is structure. Every structure in nature and every manmade structure may be described in terms of its external form; its parts; the structural relationships between its parts; what the various parts do; how each part affects other parts; how each part affects the whole structure; and finally what purpose the whole structure accomplishes. Natural structures differ from structures made by man in that the "structures" of nature are already in existence or in the event of living plants, animals, and people will come into existence from already existing plants, animals, and people.

A. Man's general anatomical characteristics—

1. The body and its parts are designed for action or to be utilized in action.
2. The body is a composite—a combination of distinctly formed and related parts, solid and fluid in character.
3. Structure after infancy (when the child begins to walk) enables man to move from place to place in the erect position and enables him to use his upper extremities and other parts of his body in doing things for himself and for others.
4. The delicate, internal organs of man are found within spaces called body cavities which are protected partially or completely from contact with things exterior to man.
5. Man's organs are solid structures or hollow structures; when so required because of its function, an organ is structurally connected with other organs, or with man's external surfaces.
6. Some parts of man's body serve all parts of the body and the body as a whole.
7. The composition or make-up of a part of the body, its form, and its relationship determine what its action can be.

B. The anatomical systems of man having direct structural connections include the following—

1. Digestive system.
2. Respiratory system.
3. Urinary system in the—male, and female.
4. Circulatory systems—
   Blood circulatory system,
   Lymphatic system.

5. Nervous system.
6. Reproductive system in the—male, and female.

C. The organs of man which produce or manufacture within themselves substances called internal secretions or hormones, which are transported by the blood to other parts of the body, and which produce action in other parts of the body with which the producing organs have no structural connections are:—

1. Thyroid gland.
2. Pituitary gland.
3. Adrenal gland.
4. Pancreas.
5. Gonads.
6. Other glands of internal secretion.

D. The mucous membranes line the cavities of the body communicating with the exterior and contain special manufacturing cells which pour their secretions onto the surface of the membranes.

E. The serious membranes of the internal body cavities produce a fluid to moisten the surface of the membranes.

F. The organs of man which receive special types of incoming sensations which are relayed to the brain are—

1. The eye.
2. The ear—hearing, equilibrium.
3. Olfactory structures.
4. Taste structures.
5. Sensory apparatus of muscles.
6. Sensory nerves of skin—pressure, heat, cold, pain.
7. The organs of man involved in the sensations of hunger, appetite, thirst, nausea.

G. The organs of man used in external movement—

1. Muscles and tendons.
2. Bones and ligaments.
3. Joints and internal structures of joints.

H. The external protective and cosmetic structures of man—

1. The skin and its underlying tissues.
2. The appendanges of the skin.

Part II

Some Fundamental Concepts of Value in Teaching and Learning Physiology

Physiology is the study of the functioning of the body and its parts. A body function is an action which is natural to the body. Man's body structure sets and limits his body functions; and natural, unhindered functioning of the body and its parts maintains natural body structure.

A. Body functions are dependent upon the intake and utilization of oxygen from the air, food, and water; continued deprivation of these essential substances will result in the eventual death of the body; when a part of the body is deprived of its natural supply of blood which brings food, water, and oxygen, it will die.

B. Impaired body structure results in impaired body functioning; and absence of a total structural part of the body means absence of a function.

C. The use of the body must be voluntarily limited periodically so that constantly functioning parts of the body may have time to recover from the internal effects of activity.

D. Specific body functions may be—

1. Dependent upon the other functions, as absorption of digested food into the blood is dependent upon the digestion of food; and digestion of food is dependent upon the ingestion of food and water as well as upon the manufacture of the digestive juices.
2. Coordinated one with another, as is the action of antagonistic groups of skeletal muscles, one group contracting as the opposing group relaxes.
3. Integrated one with another to accomplish a single result, for example, the supplying of the body tissues with the raw materials required for their life, growth, maintenance, and functioning through the specific functioning of the digestive, respiratory, circulatory, and nervous systems.

E. Some of the fundamental operations which characterize the body functions are—

1. The movement of solids, liquids, and gases from one place to another, for example, deglutition, circulation of blood, expiration of air.
2. Receiving and holding substances.
3. Storing substances.
4. The mechanical breaking down of a solid substance into small particles, for example, mastication, mechanical action of the gastrointestinal tract on its contents.
5. The mixing of solids and liquids, the mixing of different liquids; the mixing of gases.
6. The chemical breaking down of a substance into smaller chemical units, for example, digestion of proteins to amino acids.
7. The building up of small chemical units of substances into larger chemical units, for example, building up of amino acids into body proteins.
8. The passing of small chemical units of substances in solid, liquid, or gaseous form through the membranes of the body, for example, absorption of amino acids and water into the blood, passage of oxygen and carbon dioxide through the capillary wall and the wall of the air spaces of the lung.
9. The movement of small chemical units of substances within the body fluids.

10. Undergoing a change in form or position because of an internal change within the organ or tissues, for example, peristaltic movement of the gastrointestinal tract.
11. Undergoing a change in form or position because of the action of some other part, organ or tissue of the body, for example, lung changes during inspiration and expiration.
12. Reception of stimuli by nerve tissue.
13. Transferring a "nerve impulse" from one part of the body to another.
14. Manufacturing substances.

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